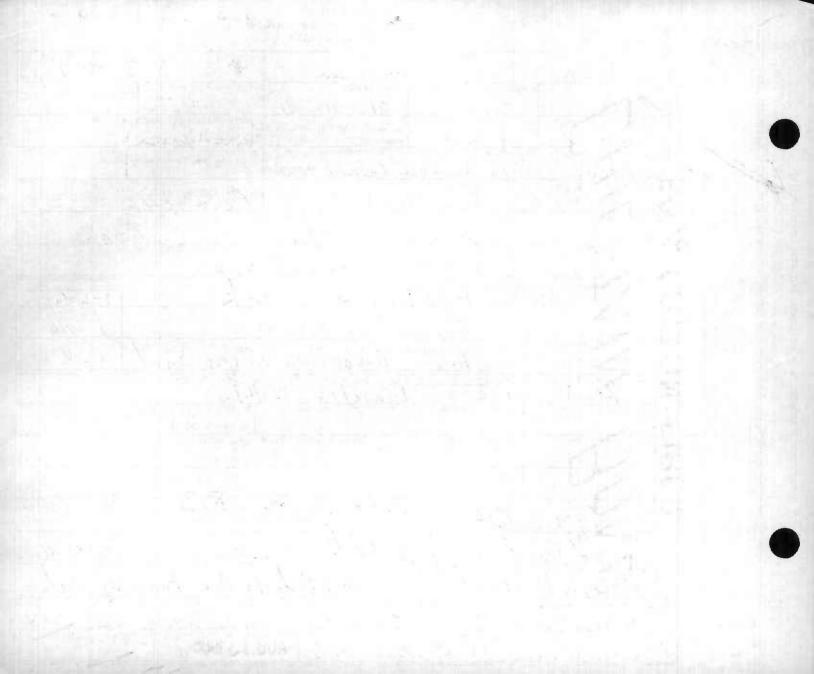


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2	FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN	6 2 1	200=
0-15076	- STATE REGISTRAR	CERTIFICATE OF DEATH	REG. NO.	
1 21	I DECEASED NAME HIST	Anderson 20	DATE OF DEATH MONTH DAY	86 725
de po	Mal.		LIC MON	UNDER I YEAR IF UNDER 4 HRS
0 to 12 85	74. BIRTHPLACE INSPECTIONS	78. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9	BALTIMORE CITY OR COUNTY OF	
- /	ALA LO COLLE	1) NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12	a USUAL OCCUPATION	126 KIND OF BUSINESS OR INDUSTRY
22		OUNTY STITUTION GIVE RESIDENCE BEFORE ADMISSION) 131. CITY OR TOWN 134 INSIDE CITY LIMITS? 136	• STREET, ADDRESS / ZIP CODE	21628
UPTIAN APTIAN	A FATHER NAME	15. MOTHER'S MAIDEN NAME	MIDDLE 1	JAST C
ORE, Mu	IN WAS DECEASED EVER IN U.S.	L GINE WAR DR DATEST One of CM	ADDRESS	ornish
MILL ST.		212-40-1165 //lany Dyn	erson	
ST., BA	PART I. DEATH WAS CA	er only one cause per line for (a), (b), and (c).) USED BY: DIATE CAUSE (a) HYPOTENSION & Shoot	ck	BETWEEN ONSET AND DEATH
death of	Canditians, if any, which			1 wK
TW. PR hat the by the our reth of, cremo other tr	gave rise ta immediate couse (a), stating the underlying cause last	DUE TO OR ASA CONSEDHENCE ON	stras synt	IWK
RDS, 20 requires, 1 Then ple r to busic relovy, o	- 1 //	NT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA	ALDISEASE OR CONDITION GIVEN	IN PART 11a
At RECO	The DATE OF OPERATION	1%. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, WIN CERTIFYIN	VERE FINDINGS USED NG CAUSES OF DEATH?
OF VITA	THE ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE O	HOUR A.M. MONTH DAY YEAR	(ENTER NATURE OF INJURY IN ITEM 18 PART	I OR PART 2)
WISION G PHYS One of the the to the	THE PROPERTY AND THE THE PROPERTY OF THE PROPE	21e. PLACE OF INJURY (ATHOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TENDIN only or TOR At TOR At	sow the de round blue	ospital) attended the deceased from 19 6, and that ((my) 3ur) apinion dea	th occurred on the date and hour ar	that (1)7(we) last not from the causes stated
At Ot A the hour the hour the hour the boar. It DREC	THE GNATORE W. F.	ATTENDING ATTEND	MEDICAL STAFF	8/3/86
O HOSFITAL of the control of the con	Tose h		Ave Annon	10 wd
2 € 2 8 1 3 1	23e BURIAL COMMITTON REMO	11 DATE 234 NAME OF CEMETERY OR CREMATORY 8-7-86 ROBINSOR	23d LOCATION CHYOR TOWN	OUNTY STAT
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 FUNERAL DIRECTOR NAME		1 3 1986	SSIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL H

CERTIFICATE OF DEATH

MAY" 2. 1925 YEAR

MARRIED XXNEVER MARRIED

ATTENDING:

PHYSICIAN AMERICAN PHYSICIAN I

22e ADDRESS

DEGREE

5. DATE OF BIRTH

WIDOWED

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

F HEALTH AND MENTAL HYG TFICATE OF DEATH		EIM F		
LAST	REG. N			
(ASI	20. DATE OF DEATH	MONTH DAY	- 1	2b HOUR
		8 15	86	3:15A M
E OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY}	UNDER I YEAR	IF UNDER 24 HRS
2, °1 925 EAR	61	YRS.	VIHS DAYS	HOURS MIN.
RIED XXNEVER MARRIED	ANNE AR	-		Y MD.
E OR OTHER INSTITUTION 1. 1107	WATTRESS			F BUSINESS OR CAURANT
N) 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS /		.Apt.	21403
NANCY FIRST	MYRTEE		CHOLS	
DELLA L. E		S STE		
116.			BETWEEN	MATE INTERVAL DISET AND DEATH
7 7 700	rung			74-33
UT NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 110) '
ION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, V		
	YES NO	YES		NO []
21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART	I OR PART 2)	
21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
, 19	to			hat (I) (we) lost
and that in (my) (our) opinion of	leath accurred on the do	ite and hour or	nd from the o	ouses stated

DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on. obove, (I) (we) (digt) (did not) view the body after death TO FUNERAL DIRECT MPORTANT 221 PHYSICIAN'S NAME (TYPE OR PRIN should be with the S 230 BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIBURIAL 8-18-86 24 FUNERAL DIRECTOR E. EVANS ANNAPOLIS, MARYLAND

FOR

- STATE

7a. BIRTHPLACE

1. SEX

REGISTRAR DECEASED NAME TYPE CH PROVIDE

FEMALE

10. CITY OR TOWN OF DEATH

ANNAPOLIS

WILLTAM

14. FATHER'S NAME

I STATE OR FOREIGN

VIRGINIA

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

Conditions, if ony, which gove rise to immediate cause (o), stoting the 4. RACE

CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (c

CAUCASIAN

76 CITIZEN OF WHAT COUNTRY?

U.S.A.

13" HEARNE RD ADEPT

FARMER 16b. SOCIAL SECURITY NO

DUE TO, OR AS A CONSEQUENCE OF

23c NAME OF CEMETERY OF CREMATORY A KEMONT CEMETERY LAKEMONT STREET

relia Day door Handalle

ID SONVILLE

17s. DATE SIGNED

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

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		PLEASE RECTOR. R FILES. HOURS STREET,	3. SE	X 4	RACE	5 DATE OF BIR	ГН	6. AGE (IN YE)	RS IF UND	40	IF UNDER		C DATE		HINOM	DAY YEAR	2d HOUR
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	180	SACONA /	60.	WAS DECEASED E	VER IN U.S. ARM	ED FORCES?	16b. SO	CIAL SECURITY	'NO. 1	17 INFORM	MANT	6	004	ADDRESS	Seat	Pleas	ant
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	IS NO	ENG ERW FERM AL.		PARTIDEA	H WAS CAUSED	E CAUSE (a)		1/11				-	0 cu	Te			A. O. D. L. L. L.
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	25M	DHMH 17	24. F	NAME DIRECTO		ADDR	ESS			3	AT INE RI	EC BBY	86 TRAR	256 REGIS	TRAR'S SIG	NATURE	
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2	2 4 5 E	49. CI	TY ON TOWN OF DEATH	II. NAME OF HO	SPITAL, NURSING HOM			120 USUAL OCCUPAT	Arundel Co	126 KIND OF BUS	INESS
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10 32	OFFICE	MSUZ Ide: S	L RESIDENCE (IF IN NURSING HOME	OR OTHER INSTITUTION, G		ION)		13e STREET ADDRESS		8140	/
212	名は高田		Md A	(H),	ANNAPOL	IS YES	NO [704L N	ewlown D	rive	
L. MC	12	10	THER'S NAME	WIDDLE	LAST	. D	OTHER'S MAIDER	NAME	2/4.	LAST	
AORE	# 80 B	llia V	VAS DECEASED EVER IN U.S. AR	MED FORCES?	16b. SOCIAL SECURIT	Y 40. 17 IN	LAY/ PA	TANA	ADDRESS A	NABOLI	
BALTIMORE, MD. 2120	DE LE	(A	ES, NO, OR UNKNOWN) (IF YES, GIVE	E WAR OR DATES)	157-28-4	1768 TH	omas k	· lowning	CTOUN N	owing w	Drive
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	18 CAUSE OF DEATH (Enter or	nly one cause per line	e far (a), (b), and (c).)			Jana 1	1 1 - 1 18	APPROXIMATE I	INTERVAL AND DEATH
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EST	A A A		Conditions, if ony, which		AS A CONSEQUENCE	OF				The state of	
WITH WITH	IN PENCIL IN EXAMINER A 1AL - TRANSIT O MENTAL HY ON, OR REMI		gave rise to immediate cause (a) stating the under-	(b)	AS A CONSEQUENCE	OF					
201 UTED	EXA SIAL- ON, O		lying cause lost.	(c)							
DIVISION OF VITAL RECORDS, 201	WORD "PENDING" IN PARAMETER AND TO THE MEDICAL ENDER A BURILAL ON TO FHEALTH AND ME BURIAL, CREMATION,		PART 2 OTHER SIGNIFICANT CONDITIONS		RUT NOT RELATED TO THE TERM	AINAL DISEASE OR CO	NOITION GIVEN IN PAR	T 1 10 .			
ECO BE	AS A E	NOT	199. DATE OF OPERATION	Transaction of the second)		
NOUL BOUL	ORD "P	CERTIFICATION	198. DATE OF OPERATION	196. COND	TION FOR WHICH OPER	RATION WAS PE	RFORMED?			20 AUTOPSY?	
F VII	WORD EN SE US BURI	ERTI	210. EXTERNAL CAUSE WAS	21b. TIME O		21c. HOW IN	JURY OCCURRED	LENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PA	YES X	NO []
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VISIG	SED TING 3 SH DEPA	MEDICAL	214 INJURY OCCURRED	21e PLACE	OF INJURY (AT HOME.	211. LOCATIO	N	CITY OR TOWN	60	UNTY	STATE
Ī	THE, WRITING THE WOR NRWARDED TO THE CH SE PAGE 3 SHOULD BE LE E STATE DEPARTMENT O D, 21201 PRIOR TO BUR	1	AT WORK AT WORK					CITY ON TOWN	COC	UNIT	STATE
ä	EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORWA AFTER DEATH, WITH THE STA' BALTMORE, MARYLAND, 213		220. I certify that I took charg	ge of the remains de	scribed abave, held an	Autopsy 2	Inspection	, Inquiry	, ond in my ap	ninion	
- N	SYLA THE		death resulted from: Natu	ral causes X.	Accident, Su		Hamicide .	Undetermined manne	er [],		
Z Z	A V CER	_	ACTUAL SIGNATURE	1	1-	100	Assistant		DATE	8/4/86	
5	OREAL STA	1		1			757 AC 101 AC 10 AC AC AC	MEDICAL EXAMINE	ER SIGNE	D 0/ 1/ 00	
WE .	SE S		EXAMINER'S NAME (TYPE OR PRINT)	William M	Zane, M.D	•ADDR	ESS 111 Pe	enn St. E	Balto.MD.		
2	82729	23a.B	JRIAL, CREMATION, REMOVAL		0177	METERY OR CRE	MATORY D	23d LOCATION CITY OR TOWN	, cour	STA'	TE 1
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	OHMH - 17 R A15 ME (5))	10.	& HICKETT	729 FO	res/ Bri	J.L	ΔΗ	G 40 400G	Freha David	21 0 00	Lo
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	1.	FOR STATE REGISTRAR	DEPAR	TMENT OF I	E OF MARYLAND IEALTH AND MENTAL HYGI ICATE OF DEATH	REG. NO	2 1 5	/ 0
-15333		CEASED NAME FIRST RICHAE	RD FRANKLIN		HERMAN	AUGUST 4		26. HOUR 11:50AN
ge 4 moy	3. SE	× MALE	CANCASIAN	5. DATE O	27, 1925	6. AGE (IN YEARS LAST BIRT	THDAY) IF UNDER 1 YEAR MONTHS DAYS YRS	R IF UNDER 24 HRS
deoth. Po	М	RTHPLACE (STATE OR FOREIGN ARTY) LAND	U.S.A.	? 8 MARRIE WIDOW	D NEVER MARRIED D		RCOUNTY OF DEATH NDEL COUNT	TY MD.
offer of with		NAPOLIS	11. NAME OF HOSPITAL, NURS 234 SEVERNESD		DR OTHER INSTITUTION	MANAGERSTO	EMORRING FIRE MIND GET BY	OF BUSINESS OR VORTH CO.
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makktur ed withir		ATHER'S NAME ESTÉR	MIDDLE AUSHERMAN		NETTIE	NE MIDDLE	STRUBE	AST
more, e execution on o		VAS DECEASED EVER IN U.S. AR YES YES NKNOWN) (IF WW.			17 INFORMANT 6 COLLEEN M	. AUSHERM		3 13E
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMOKE, MARTLAND 2120 ING PHYSICIAN. The low requires that the death certificate be executed within 24 haurs rattending physician. Where this certificate has been signed by it mit incling it princion and completely filled in by as the buriol-transit permit. Then please remember appers. Pages 1 and 2 should be filled in by and Mential Hygiene prior to buriol, creating in creation. Or the medical examiner must be filled in by and Mential Hygiene prior to buriol, creating in creation.	ATION	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT ((b) DUE TO, OR AS A CONSEO (c) CONDITIONS CONTRIBUTING TO	DEATH BUT		NAL DISEASE OR CONI	DITION GIVEN IN PART 1	
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₽ ₽ ₽ ₽ ¥ ¥ *	23 ₀ B	BURIAL, CREMATION, REMOVAL URITAL	236 DATE 8-6-86 LAKE	NAME OF C	EMETERY OR CREMATORY DAVIDSONVIL	LE ANNEWA	RUNDEĹŮMAI	RYLAÑŰ
DHMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR OBERT E. EVAI	NS ANNAPOLIS,	MARY			256. REGISTRAR'S SIGNA	TURE

		1.	FOR STATE		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE O	2 1	3 /	EDT
00.	- 16395	1.05	REGISTRAR		IDDLE		AST		EG. NO.	DAY WAS	EDT
· ·	m #		CEASED NAME FIRST SALLIE	T		BANKS		20. DATE OF DE		DAY YEAR	26 HOUR
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4	or. F	3. SE	^	4. RACE		MONTH	DAY YEAR	B. AGE (IN TEAKS	(ASI BIRTHDAT)	MONTHS DAYS	HOURS MIN.
0	urs ours		<i>emale</i>	Caucasia		Sept	ember 19,1898	87	YRS.		
9	20 P P P P		IRTHPLACE (STATE OR FOREIGN COUNTRY)	7b. CITIZEN OF W	HAT COUNTRY?	MARRIE	D NEVER MARRIED		ITY OR COUNT		
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24 hou		13a.	ALRESIDENCE (IF NURSING HOME OI STATE 13b. COUI TULAND ATUNC		Odenton.		13d. INSIDE CITY LIMITS?	13e.STREET ADD	0		21113
YL.	112000	14. F	ATHER'S NAME	MIDDLE	(AST		15. MOTHER'S MAIDEN NA	ME			
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	レノナ		WAS DECEASED EVER IN U.S. AF	MED FORCES?	16b. SOCIAL SECU		17. INFORMANT		ADDRESS		
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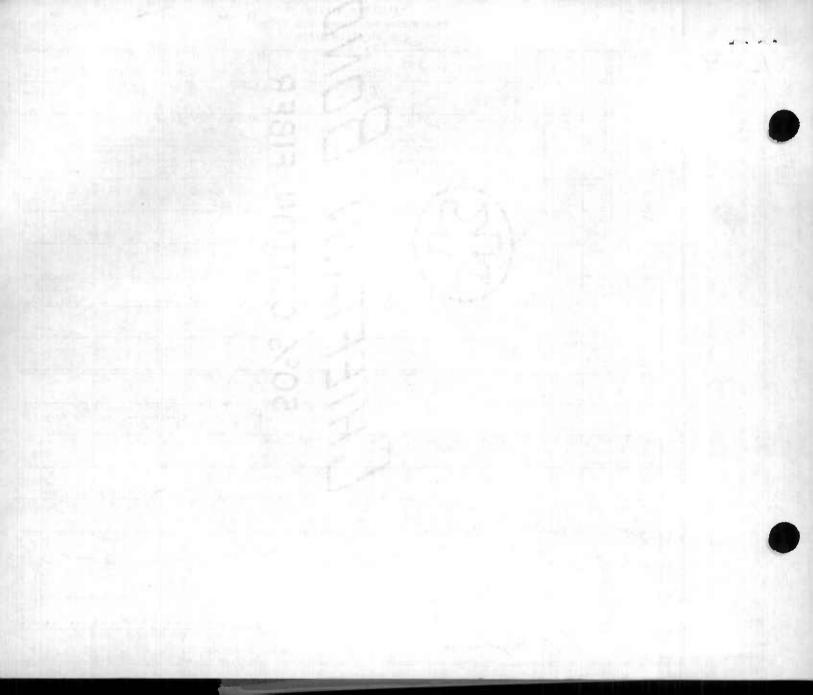
FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

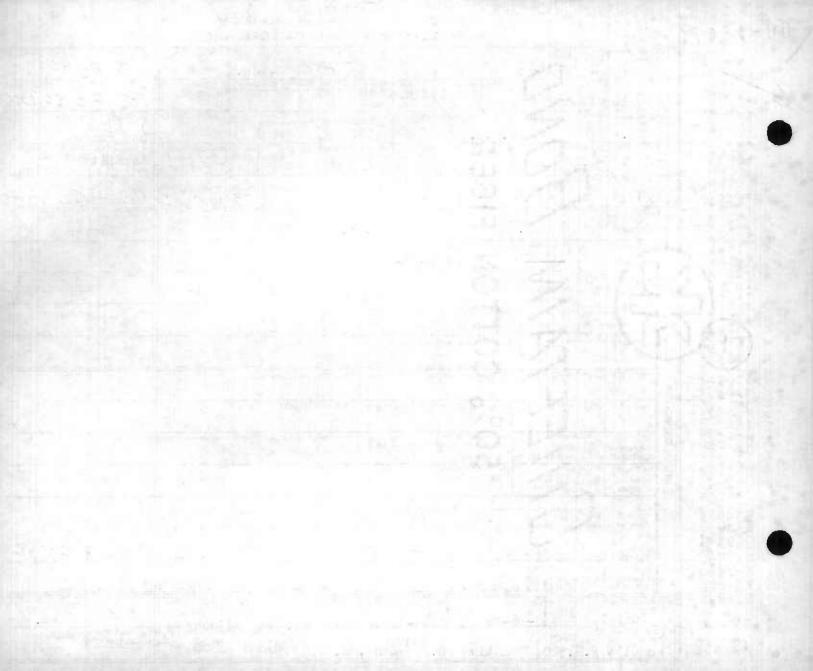
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	SA SERVICE SER	3 SE)		5. DATE OF BIRTH	16 AGE (IN YE	ARS IF UNDER 1 YR. IF UND	DER 24 HRS 21. DATE	MONTH	DAY YEAR 2d HOUR
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-	日本の日本人		Pa.	U.S.A.	THE COUNTRY!	MARRIED NEVER MA	RRIED	111	
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7	M.T. M.		18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE	nly one couse per line	for (a), (b), and (c)	1.	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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DIVISION OF VITAL RECORDS, 201	HOULD BE NEW YERD! CHIEF MED! CHIEF MED! COF HEALTH AND JRIAL, CREMA	z	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN IN	PART E (a		
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	MER: THIS CERTIFICATE SHOU CATE, WRITING THE WORD " FORWARDED TO THE CHIE OR, PAGE 3 SHOULD BE USE THE STATE DEPARMENT OF AND, 21201 PRIOR TO BURIA		AT WORK AT WORK						
	L EXAMINER: E CERTIFICATE DULD BE FORV. L DIRECTOR: H, WITH THE S MARYLAND,	1073	22a I certify that I took chor	ge of the remains des	cribed above, held an	Autopsy . Inspec	tion Inquiry	ond in my api	inion
	E E E E E E E E E E E E E E E E E E E		death resulted from: Natu	oral causes ,	Accident . Su	icide	Undetermined manner	<u>.</u>	
	WAR WAR		ACTUAL ////	1 . 141		TITLE (SPECIFY)		DATE	dhales
	LEDICAL E SHOU UNERAL (SIGNATURE	cer-V-	A DO	M.D. Deputy	MEDICAL EXAMINER	DATE	8/25/86
	TO MEDICAL E EXECUTE THE PAGE 4 SHOU TO FUNERAL I AFFER DEATH, BALTMORE, M	-	EXAMINER'S NAME WILLIAM	P. Jones, M	LD.	ADDRESS 695 ATT	erica Ort.Davids	onville Mi	21035
	BA TA BA	23a. B	JRIAL, CREMATION, REMOVAL			METERY OR CREMATORY	23d LOCATION		
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	(VR A15 ME (5))	I	CCully F.H.320	4 Mountain		na.Md. Al	JG 27 1986 Ju	lia Davidson	



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U - 1	0001	12	REGISTRAR	CERT	IFICATE OF DEATH	REG. NO.	
			CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MO	ONTH DAY YEAR 26 HOUR
	nay be page 3 er deoth		John	Deal	Basil	Au	a. 24.1986 M
	mod .	3. SE	X 4. F	RACE 5. DATI	OF BIRTH NTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHE	MONTHS DAYS HOURS MIN.
	rs of		Male	10) hite Noi	. O. 10 111	81	YRS.
-	Page I direct	7a. B	IRTHPLACE (STATE OR FOREIGN 76.	CITIZEN OF WHAT COUNTRY? 8.	NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH
	G C C C C C C C C C C C C C C C C C C C	1	Maryland	U.SA WIDON		Anne F	drundel MD.
	+ +	10 C	ITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOM	OR OTHER INSTITUTION	128 USUAL OCCUPATION	126 KIND OF BUSINESS OR
	s offer	IA	pranalis A	one Arundel Ge	neral Hospital	Ret Own	ACIA ICC
MARYLAND 2120	Pe pe	USU 13n	AL RESIDENCE (IF NURSING HOME OR OTH STATE 13b COUNTY	ER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIO	134 INSIDE CITY LIMITS?	130 STREET ADDRESS	20114.2
N	Geral dille 24 h	1	mb A.E	A. Annapolis	YES NO	205-A FO	47
35	Plettely shift	14. F	ATHER'S NAME		15 MOTHER'S MAIDEN NA		Q NAST
WA	pa aldmo		Harry	Basil	Annie	MIDDLE	Printz
	d col		WAS DECEASED EVER IN U.S. ARMEI	FORCES? 166. SOCIAL SECURITY NO		ADDRESS	Same as
W. PRESTON ST&BALTIMORE,	Poge medji		YES NO OR UNKNOWN) (# YES, GIVE WA	214-05-1024	+ Lois B. G	Basil -	#13
ALT	te b pers. ol.		18 CAUSE OF DEATH (Enter only o	one cause per line for (o), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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3	by toose I, cre		underlying couse last.	(c)			
, 201	ned ned no plea		PART 2 OTHER SIGNIFICANT COM	NDITIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDI	TION GIVEN IN PART 110
DIVISION OF VITAL RECORDS,	equir n sig Then r to b	CERTIFICATION					
8	bee bee	18	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERAT	ION WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
AL RI	he le los	售				YES NO	YES NO
ZIV.	SICIAN: The ag physicio certificate h rial-transit entol Hygie tem 8 sha	1 8	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DAY YEA	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)
Q.	ding ph ding ph is certifi burial-tr Mental	¥	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.			
O N	HY Sic A	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION	CITY OR TOW	N COUNTY STATE
IVIS	offer the sthe	2	WHILE NOT WHILE AT WORK	(AT HOME, STREET, PACTORY, OFFICE, PARM, ETC.)			
0	ENDING ol or ol OR: Afte ruse os Health is mork		22a I certify that (1) (this hospital)		28 19 86	10 My 24	, 1986, that (I) (we) lost
	F E DOG		saw the deceased olive an obove, (I) (we) (did) (did not) v	Asy 24 19 86 19	ond that in (my) (our) opinion	death occurred on the date	e and hour and from the couses stated
	8 4 8 4 9 W		22b. SIGNATURE		DEGREE	- 1101-119-119	22t. DATE SIGNED
	1 + 1 + 1 · · ·		Will lh	(Killisa	MATTENDING PHYSICIAN S	MEDICAL STAFF	8-25-86
	HOSPITAL ined by the FUNERAL uld be detern the State ORTANT:		22d PHYSICIAN'S NAME (TYPE OF PR	INI	22e ADDRESS	2.1	, , , , , , , ,
	etoined by TO FUNERA should be di with the Sta		JOHN TACKSO	an Company	1833 FOREST	WL, Anneye	olis Md 21401
	MAP Should be sh	23a		236 DATE 236 NAME OF	CEMETERY OR CREMATORY	23d. LOCATION	
	BP	1	TOPECIFY)	Jug 27 1986 Co	for Bluff	Anna M	I'S PA MI
		24	UNERAL DIRECTOR		25a. DA1	TE REC'D. BY REGISTRAR 25	D. REGISTRAR'S SIGNATURE
	DHMH - 16 60M 7/B4 (VRA 15, 4)	110	War Finance	Chapel- finnan	alis mil Al	IG 2.8 1986	ilia Davidson-Randelle
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ELECTRICAL STREET, TURK TO THE REPORT OF THE PROPERTY. were to be the control of the second and the second AND THE RESERVE OF THE PARTY OF and the same of th 23 18-3 Part of the Balla was don't lange the beginning the state of the state

-16174	1.	FOR STATE		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	SIENE O	2 1	3 /) D	DYL
10011		REGISTRAR CEASED NAME FIRST FOR PRINT)		MIDDLE	ı	AST	REG. 2a. DATE OF DEATH	MONTH D	AY YEAR	2b HOUR	
page 3	Die	E OR PRINT) MARY		Ethel	BATHO	ATE	AUGUST	22,	1986	355	PM
e 4 mo	3 SE	x Female	4. RACE Whi	te	S. DATE C		6. AGE (IN YEARS LAST		ONIHS DAYS	HOURS	24 HRS MIN.
1 10	1000	IRTHPLACE (STATE OR FOREIGN COUNTRY) W. Va.	76 CITIZEN OF	what country	8	□ NEVER MARRIED □	9 BALTIMORE CITY		OF DEATH	Y	
	10,0	GLEN BURNIE		HOSPITAL, NURSI	NG HOME C	R OTHER INSTITUTION	120. USUAL OCCUPA (TYPE OF WORK FOR MOS HOMEM &	T OF WORKING LIFE	126. KIND O INDUSTRY DO ME	sti (
Allend St. hou	IIIo.	AL RESIDENCE (IF NURSING HOREO STATE 136 COU	ROTHER INSTITUTION NTY	Baltin	RE ADMISSION) VN 1010	134 INSIDE CITY LIMITS?	130. STREET ADDRESS	zip code um St	., 2	1226	
and	0	ather's name First Unknown	MIDDLE	LAST		Unknown	MIDDLE		las	.7	2110
be ex		WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	214-18		Raymond		ress 130: te Mi	2 Ashl llers		on (
equires that the death certificate in signed by the attention of physics Then please remove containing to burial, cremotion, injury, or other troumant in event till	NOI	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	(c)	R AS A CONSEQUENCE ON TRIBUTING TO	Cen-	A SOL	AINAL DISEASE OR CO	Am.	EN IN PART III	3	
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1. OR ATTENIENT the hospital 1. DIRECTOR: prached for us be Dept. of Hem 21 is it.		22a I certify that (I) (this hosp saw the deceased alive are obave (I) (we) (did) (did no 22b. SIGNATURE	n S 2 ot) view the bady	2 19		22e ADDRESS ZC	MEDICAL ST DIRECTOR PHYS	AFF			
TO HOSPITA retained by TO FUNERA should be do with the Stot	23a	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	236. DATE 8/25/			GLEN BUF EMETERY OR CREMATORY Wridge MEM	NIE, MD 21 23d LOCATION PK . ETKE	.061 Ldge,	Howard	d. Mi	đ.
DHMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR NAME CCULLY Funera	237 E.		co Av	O .	E REC'D. BY REGISTRA	PISS PEGISTE		LIDE	

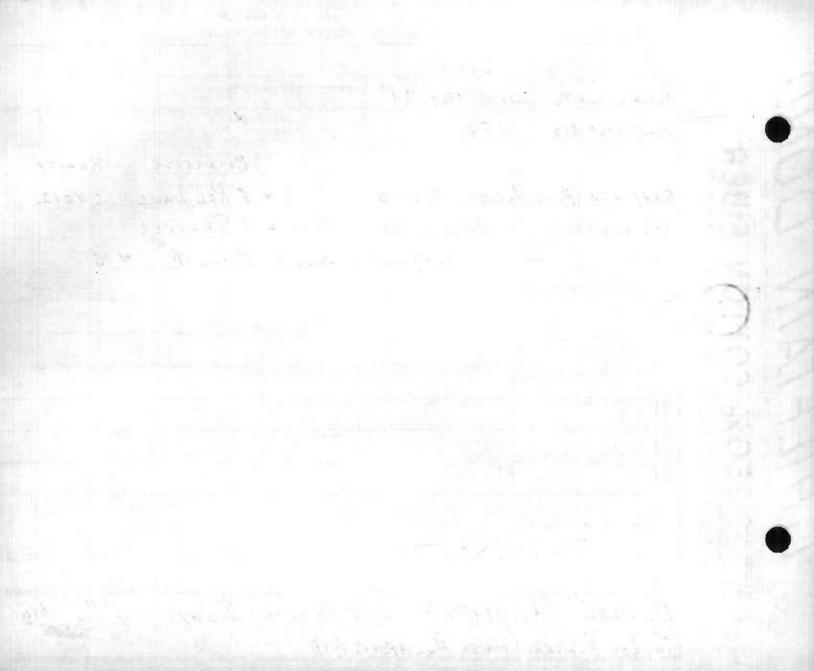
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN MONTH 2b HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED 6 AGE (IN YEARS IF UNDER 1 YR. DATE 2d HOUR LAST BIRTHDAY) PRONOUNCED DEAD JE BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED EORFIGN COUNTRY MARYLAND United States WIDOWED K DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS 120 USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY CAYDENTEY ISUAL RESIDENCE UE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDEN 13d INSIDE CITY LIMITS? 13e STREET ADDR 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST BETCH JOSEPH ADA A - IRENE DIIVATA 991 Round Bay Rd. 166 SOCIAL SECURITY NO. 17 INFORMANT 160, WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) I HE YES GIVE WAR OR DATES! 218-05-4039 Crownsville Md. 2103 Rose M. Collison 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ong APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DIVISION OF VITAL RECORDS, 201 W. PRESTON ST PART I DEATH WAS CAUSED BY: AND MENTAL HYGIENE, ATION, OR REMOVAL IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE Canditions, if any, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION USED / 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? FORWARDED TO THE CHE TOR: PAGE 3 SHOULD BE USE THE STATE DEPARTMENT OF AND, 21201 PRIOR TO BURIA 21a. EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 216 INJURY OCCURRED 21e PLACE OF INJURY (ATHOME 211 LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE TO MELLE EN EXECUTE THE CENTER OF A SHOULD BE TOO TO FUNERAL DIRECTOR: PARE DEATH, WITH THE STORE, MARYLAND, 3 220. I certify that I took charge of the remains described above, held an Autopsy and in my apinian death resulted from Suicide Hamicide Undetermined manner TITLE (SPECIFY) DATE MEDICAL EXAMINER EXAMINER'S NAME William P. Jones, M.D 695 America Ort., Davidsonville, Md. 21035 ADDRESS 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 236 LOCATION STATE CITY OF TOWN Glen Haven Mem. Park Burial Burnie, Anne Arundel, Md. Cem Glen BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 3204 Mountain **DHMH - 17** McCully Funeral Home / Pasadena, Md. 21122 (VR A15 ME (5)) 20M 4/B2

00-8/728 The property Batish as the second with sure North Annual Cornel Corporation MI A P. Paraton & SEED Elevetion Dr. A TITLE LOCAL THE LITER TWO IN THE TAIL CANDOR AVERST A.S.C.V.Z.

0-16891	1.	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. NO	2 1 5 7 7
noy be poge 3	1. DE (TYP)	CEASED NAME FIRST OR PRINT) Kathles	Somers E	3 lattenberger Ts. Date OF BIRTH	20 DATE OF DEATH	MONTH DAY YEAR 20. HOUR OF MAN HOAY) IF UNDER 1 YEAR IF UNDER 24 HRS
oge 4 r		female	white	2" 18 35	5	YRS MONTHS DAYS HOURS MIN.
doth.		Daryland	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	HINEIT	rundel Cty. MD.
201 201 201 201 201	A	nnapolis	Anot in such FAMILY, GIVE STREET	Leiben 1105p.	120 USUAL OCCUPATE	128. KIND OF BOSTINESS ON
AND 21:	130	4D 136 AUX	THER INSTITUTION, GIVE RESIDENCE BEFORE	CLEER 13d. INSIDE CITY LIGHTS?	130.STREET ADDRESS	ZIP CAPE POOR d. 21039
MARYL and within	1	Moland Th	omas Somo	15 MOTHER'S MAIDEN N	he	Bozman
be executed on and or seed on and or seed or s	160		ED FORCES? 166 SOCIAL SECU WAR OR DATES) 219-32-	1813 Norman	c Donald	ss same as
or, BALI		18 CAUSE OF DEATH (Enter only PART). DEATH WAS CAUSED IMMEDIATE		why And	,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
death ce offending nove carbo ation, ar it		Conditions, if ony, which	DUE TO, OR AS A GONSEQUE	ence of lung -		
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to burial	NO	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO I	SEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART 1(0
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN: The low requires that the death certificate be executed within 24 haurs of tertificate loss been signed by the ottending physician and completely filled in not the buriot-transit permit. Then please remove carbonpopers. Pages 1 and 3 should be that and Mental Hygiene prior to buriol, cremation, ar removal. arked an Item 8 shows any injury, or other traumatic event, the medical exampler must be an arked an Item 8 shows any injury, or other traumatic event, the medical exampler must be an arked and item 8 shows any injury.	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \rightarrow NO \rightarrow
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TENDIN or use or or use or of Health		220. I certify that (I) (this hospito	, clery & 19	ond that in (my) (and opinion	n deoth occurred on the do	te and hour and from the couses stated
the hosp 1.1 OR All 1.1 DIREC stocked the Dept.		obove, (I) (ye) (did) (did not) 22b. SIGNATURE	P Ban fa	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	
TO HOSPITAL retoined by the TO FUNERAL should be detoo with the Store I MPORTANT: If	1	22d PHYSICIAN'S NAME (TYPE OR P	Bringhal	22e ADDRESS	Denie De	manaleem
	230	BURIAL, CREMATION, RENOVAL	23b. DATE 23c N	AME OF CEMETERY OR CREMATORY	216 LOCATION CITY OF LOWIS	COUNT
BP	24 F	DUY OCU	Dept3,1986	Lakemont 250 DA	ATE REC D. BY REGISTRAM	SHEGISTRAR'S SIGNATURE
DHMH - 16 60M 7/B4 (VRA 15, 4)	1	Pullar Finer	no Chands f	Journalis MILL SI	EP 3 1986	Mason-Mandellin

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-10010	FOR 1- STATE	DEPARTMEN	T OF HEALTH AND MENTAL	HYBIEND 2	3 / 0.
10013	REGISTRAR 1. DECEASED NAME FIRST	MEDICAL EXA	MINER'S CERTIFICATE	KEO 140.	
Walaya	(TYPE OR PRINT)	- A	BOONE	20 DATE KNOWN OF ESTI- DEATH MATED	
W. PLEAS DUR FILE 72 HOUR NN STREET	FEMALE WHITE		E (IN YEARS IF UNDER 1 YR. IF UND ST BIPTHDAY) MONTHS DAYS HOURS	ER 24 HRS. 2c DATE PRONOUNCED DE AD	8 17 19 86 MONTH DAY YEAR 20 HOUR 5:15
1	BALTIMORE MD	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MA	RRIED S 9 BALTIMORE CITY OF	COUNTY OF DEATH
ELAY IS TO THE PARK S. TO THE	Glen Burnie	North Arundel H			OF WORK 126 KIND OF BUSINESS OR INDUSTRY REALTY
	USUAL RESIDENCE (IF IN NURSING HOME OF 134 STATE 134 COUN MARYLAND HUNE	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE TY ARUNDEL 13c. CHY OR TO		13. STREET ADDRESS	21012
20	GRAFTON	MIDDLE BOOKS LAST	BONITH	S. SHAFFER	LAST
VISION /	16a WAS DECEASED EVER IN U.S. ARI	WAR OR DATES)	CURITY NO. 17 INFORMANT	U BOONE TO ADDRESS	# 13
ON DE LA CONTRACTION DE LA CON	PART I DEATH WAS CAUSE	TE CAUSE (a) MULTIC	le injuries		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
EXAM ES AL IAL-TANS MENT HOO DN, CR END	Conditions, if ony, which gove rise to immediate couse (a) stating the <u>underlying</u> couse last.	(b) DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE			
AS A BUR ALTH AND CREMATIC		(c)	THE TERMINAL DISEASE OR CONDITION GIVEN IN	PART 1:0	
OF HEA JRIAL, CI	190. DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED?		20 AUTOPSY? YES ▼□ NO □
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ZATE DEP	WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM, ETC.)	Jumpers Ho	city or town	Anne Arundel, MD
H THES		ge of the remains described above, he ral couses \bigcap , $\underbrace{Accident\ X}$,	Id on <u>Autapsy</u> N. Inspec	tion . Inquiry ., and Undetermined manner .,	I in my opinion
SEATH, W	ACTUAL SIGNATURE	22	M.D. Deputy (Chief	DATE SIGNED 8-17-86
PAGE TO FUNE TO FUNE AFTER DE BAGTINO	IT IT CONTINUED	M. Dixon, M.D.	TAPPACESS.	Penn St., Balto.	, MD 21201
	230 BURIAL CREMATION, REMOVAL TO SECRET POR A PLANE TO SECRET POR A FUNERAL DIRECTOR		OF CEMETERY OR CREMATORY CREST MEM CE 1250 DAI	M. FREGISTRAR 1266 REGISTER	PAHL MD
H - 17 5 ME (5))	TAYLOR FUNERI	or CHAPEL AND	4P0413 MD MI	G 2 1 1986 Julie D	au dan hanar



0-16954	FOR STATE REGISTRAR		DEPARTN	STATE OF MARYLA SENT OF HEALTH AND A CERTIFICATE OF D	REG. NO.						
m.£	I DECEASED NAME	FIRST	MIDDLE	LAST		20. DATE OF DEATH M	ONTH DAY YEAR	ZP TIOOK			
oy be loge 3 death		JAMES	E.	BOSTON	1000		8 300 8	6 6 20pm			
He D	3. SEX	4 RACE	P. L.	5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIRTHE	MONTHS DA				
0 11	MALE	BLAC		12 27	1909	76	YRS.				
10-26	To BIRTHPLACE (STATE OF		F WHAT COUNTRY?	MARRIED XX EVER A	MARRIED -	9 BALTIMORE CITY OR COUNTY OF DEATH					
9	MARYLAND	U.S.		WIDOWED DINGS HOME OR OTHER INST	VORCED [ANNE ARUNDEL COUNTY MD. 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR					
100	SAMBRILLS	(IF NOT IN S 2500	UCH FACILITY, GIVE STREET A Brickhouse	DDRESS)	III O II O II	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 120. KIND OF BUSINESS OR INDUSTRY					
(135	MARYLAND	RSING HOME OR OTHER INSTITUTION 136 COUNTY	13c. CITY OR TOWN	S YES	NO []	2540 Brick	zip code chouse Roa	21054			
WAR TOURD	SUMMERFI EL	D widdle	BOSTÔN	EL	TZA	ME CARR LAST					
BALTIMORE, cote be executed by sistent and coppers. Pages 1 wol.	160 WAS DECEASED EVE (YES NO OR UNKNOWN)	R IN U.S. ARMED FORCES?				rills, Maores ON 2540 Brid					
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST ING PHYSICIAN The low requires that the death cert offending physicion. After this certificate has been signed by the attending is as the buriol-tronsit permit. Then please remove carbon th and Mental Hygiene prior to burial, crematian, or ren arkedor Item 8 shows any injury, or other traumotic ex	gove rise to in cause (a), state underlying cause	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF CC) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Ita									
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ON OF VIT	OR CONTRIBUTING [CAUSE OF DEATH HOUR	A.M. MONTH DA P.M.	Y YEAR 19		ED (ENTER NATURE OF INJURY	IN ITEM IS PART I OR PART	7)			
DIVISIO NG PHY Niter this as the b ith and A	AT WORK AT W	ORK (AT HOME S	E OF INJURY STREET, FACTORY, OFFICE, FA			CITY OR TOWN	- 0	STATE			
the hospitol of the hospitol of the hospitol of the properties of	saw the decea abave, (۱) (عسم)	(this hospital) attended sed alive an Second the book (did not) view the book	19 8		(our) opinion di	eath occurred an the date	and have ond from t	the causes stated			
	Eu	226 SIGNATURE DEGREE ATTENDING PHYSICIAN STAFF PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) 226 ADDRESS									
TO HOSPIT, retoined by TO FUNER, should be with the Standard New Top IMPORTAN	ERRO 230 BURIAL, CREMATION	L-A-18	hillip	AME OF CEMETERY OF C	5 K	Does J Du	ue Din	1041COM.			
ВР	BHRIAL 24 FUNERAL DIRECTOR	, 9-4-19	86 Mt.	Tabor Chuc	rh Ceme	. Chesterfic		Maryland			
DHMH - 16 60M 7/84 (VRA 15, 4)	WILLIAM REESE & SONS MORTUARY, P.A. 250 DATE REC D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE WILLIAM REESE & SONS MORTUARY, P.A. SFP 4 1986 Julian Rondon										

The second second Palmoraga a respect formy stand of promoters the FALMER LOS DE LETTOCOM, MORNING CHEO 22A - 08-81 Tel Very or sole and any ERROLL A HILL & MY 1832 FORS DEW BURN BY CONTROL SALES OF THE PROPERTY OF THE PARTY O A. H. YEARTH OF CHARLES AND A MARKET

00-162	201	1-	FOR STATE REGISTRAR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH					REG. NO.			EDT		
oge at oge of the open	. 5 1		EASED NAME OR PRINT!	DÄVID	D Paul BRADLEY						MONTH I	, 1986	10806 AM		
tor. po		3. SE)	male	4.	RACE white		5. DATE C	F BIRTH	19 ^{YEAR} 6		YEARS LAST BIR		IF UNDER I YEAR	HOURS MIN.	
Month. Po	70 BIRTHPLACE (S			USA		WHAT COUNTRY? 8. MARRIE WIDOW		D XXVEVER MARRIED DIVORCED		9. BALTIA	'ARNE' A	OF DEATH L COUNT	COUNTY MD.		
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TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 from retained by the hospital or ottending physician. TO FUNERL DIRECTORs. After this certificate be been signed by the ottending physician and completely filled should be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 day 24 for with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, or removal. IMPORTANT: If them 21 is marked or them 8 shows any injury, or other traumatic event, the medical arabimine must be seen to the provided by the provided by the place of them 1 is marked or them 1 in the second by the medical arabimine must be seen to the provided by the place of them 1 is marked or them 1 in the place of the place of them 1 is marked or them 1 in the place of the p	35	13a. S	MD 136. COU		ROTHER INSTITUTION GIVE RESIDENCE BEFORE AI INTY 134. CITY OR TOWN AA Glen Burn		WN	nie YES NO ₹		13e STREET ADDRESS / ZIP CODE 8215 Kramer Ct.			2	21061	
	200		THER'S NAME FIRST ROY	Н		radley,S		Add		ME	MIODLE		Hungate	sT	
	e medica		YAS DECEASED EVER ES, NO OR UNKNOWN) Yes	IN U.S. ARME		235/54		Phy11	is Brad	1ey (wife)		e as 13	MATÉ INTERVAL ONSET AND DÉATH	
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	pt. of Heoli em 21 is mo		270.1 certify that (1) (this hospital) attended the deceased from												
			224 PHYSICIAN'S NAME (TYPE OR PRINT)				ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR D								
	IMPOR	23a B	GLENN F. ROBBINS, M.D. GLEN BURNIE, MARYLAND 21061												
BP		- (Burial NERAL DIRECTOR	100		ust 1986			Mem Pk	. G1	en Bur		AA MD		
DHMH - 16 6 (VRA 15			ngleton Fu	neral	Home,	Glen Bur	nie, M	D		1626	1986	Julia D	WIDSON AT	andeke.	

A. S. B. R. A. WARD

			STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYDIENE	3
00-1	6005	1-:	STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
00-1	6895	I. DEC	CEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN MONTH	3/1986 NM
PLEA	HOUP STREE	1. 5EX	4 RACE S. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS. 20 DATE MONTH	DAY YEAR 24 HOUR
3	SAN	4	IRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY) B 9. BALTIMORE CITY OR COUNTRY	1 1936/212
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× 50	A POPULATION OF THE PERSON OF	ji ci	(IF NOT) SUCH FACILITY, GIVE STRET ADDRESS)	ON INDUSTRY
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	PM 3	13. FA	ATHERIS NAME IS. MOTHER'S MAIDEN NAME MIDDLE MIDDLE MIDDLE	LAST
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BALTIMORE S AFTER DEA	WITH FORM T. PAGES 1 DIVISION	I VI	1 Prinknown I Fres, Give war or Dates) 220-01-1985 Bernard M. Brady- 7	113
: ~	-		18 CAUSE OF DEATH (Enter only one cause per line for (o), (b) and (c).) PART I DEATH WAS CAUSED 8Y:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON ST	A ITEM I ALONG IT PERM YGIENE OVAL		IMMEDIATE CAUSE (o)	
/ FRE	NER NER SANSI		Canditions, if any, which gave rise to immediate (b) A.5. C. V.D.	ETELLO
201 W.	EXAMI EXAMI JAL-TR ON, OF		cause (a) stating the <u>under-lying couse lost.</u> DUE TO, OR AS A CONSEQUENCE OF	
	CAL BURI	1	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)	
RECORDS, ID BE EXEC	PENDI MEDI AS A SALTH CREA	OL	C.O.P.D.	
	AHEF HIEF USED OF HE	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
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IPICA	ARTIN TO THE TO		UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19	
DIVISION OF VITAL	EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING", IN PENCIL IN IT PAGE 4 SHOULD BE FORWANDED TO THE CHIEF MEDICAL EXAMINER ALC PUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT RAFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGI BACTON OF MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOV.	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) 21e. PLACE OF INJURY (AT HOME, STREET CITY OR TOWN COUNTY OF TOWN COUNTY O	TY STATE
ER.	PORW FORW FORW FORW ND, 23		220. I certify that I taak charge of the remains described above, held an Autopsy . Inspection , Inquiry . and in my apir	iian
AMIN	RYLA RYLA		death resulted from: Natural causes Accident , Suicide , Homicide , Undetermined manner ,	
A EX	A P D C C C C C C C C C C C C C C C C C C		ACTUAL ACTUAL SIGNATURE ACTUAL MEDICAL EXAMINER SIGNED	8/31/86
AEDIC	EXECUTE TO PAGE 4 SH TO FUNER AFTER DEA BAYTHOOF		EXAMINER'S NAME William P. Jones, M.D. ADDRESS 695 America Crt., Davidsonville,	Mi. 21035
0	PAG PAG —	23a BI	ADDRESS OF AIRCRAFT DAVISOR OF CEMETERY OR CREMATORY 236 LOCATION COUNTY OF TOWN	ru. 2100
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-15510	1-	FOR STATE REGISTRAR	DEPAI	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	EDT
		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DAY	YEAR 2b. HOUR
noy be poge 3 r death	Titte	JOHN	A llen	BRANNON, Sr.	AUGUST 10,	1986 1 10 PM
cror. po	3. SE	Male	4. RACE White	5. DATE OF BIRTH 121/11/1911 YEAR	6. AGE (IN YEARS LAST BIRTHDAY) IF UI	NDER TYEAR IF UNDER 24 HRS
ol dire	₹er Bi	RTHPLACE ISTATE OR FOREIGN Maryland	76. CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED WIDOWED MONORCED	9. BALTIMORE CITY OR COUNTY OF ANNE ARUNDEL	
20 4	10. ⊂	GLEN BURNIE		SING HOME OR OTHER INSTITUTION LET ADDRESS HOSPITAL		26 KIND OF BUSINESS OR NDUSTRY Md. Dry
24 hourston	13a S	STATE 136 COU	ROTHER INSTITUTION GIVE RESIDENCE BEF NTY 13c. CITY OR TO Pasad	OWN 13d. INSIDE CITY LIMITS?		21122 dock
mplerely on 2 shin	14 FA	John Al	Ten Brann	on Mollie		White
n ond co		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN)			ADDRESS Brannon, Jr. Sa	ame as #13
low requires that the death is been signed by the attenderm. Then please remove co prior to buriol, cremotion, or sony injury, or other traumot	CERTIFICATION	gave rise to immediate cause lot, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION		QUENCE OF O DEATH BUT NOT RELATED TO THE TERM CH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, W	IN PART 110 ERE FINDINGS USED G CAUSES OF DEATH?
SICIAN: The ing physicion. certificate ho urial-transit per terming show them is shown.	MEDICAL CERTIF	71g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE USE ETHER. NOTIFY MEDICAL EXAMINE	HOUR A.M. MONTH P.M.	DAY YEAR 19 211. LOCATION	YES NO YES RED (ENTER NATURE OF INJURY IN ITEM 18 PART I] ом [
or ottending After this e os the bu	WED	WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	CE, FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
OR ATTENIA he hospital DIRECTOR: toched for us Dept. of Hee If them 21 is in		saw the deceased alive or	at wew the dody other dooth	, and that in (my) (our) opinion DECREE ATTENDING	death accurred on the date and hour an	d from the couses stated 22c. DATE SIGNED 3/13/26.
TO HOSPITAL retoined by the TO FUNERAL should be deter with the Stote IMPORTANT:		1 //	JNG-HYMAN, M.D.	GLEN BUR	DIRECTOR PHYSICIAN F 5 HOSPITAL DRIVE, S NIE, MARYLAND 2106	SULTE 105
BP		BURIAL, CREMATION, REMOVAI (SPECIFY) Burial		R NAME OF CEMETERY OR CREMATORY Glen Haven Mem Pl	Glen Burnie,	AA Co., Md
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sight the contract which Period and States and States - Part - March 1968 1

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y the fur	10 CITY	OR TOWN OF DEATH	s.	1. NAME OF I		SING HOME (OR OTHER INSTITUTION	12a USUAL OCC (TYPE OF WORK FOR Substit	MOST OF WORKI	NG LIFE) INDU	ND OF BUSIN STRY	
n 24 havrs	13a. STA	ryland	COUNT	THER INSTITUTION		ORE ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADD 508 Mad	RESS			-
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Pog med	,,,,,,	es	L MM	I	188-12	-8747	William J.	Brennan	Same	as 13	е	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours or attending physician. After this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carban papers. Pages 1 (TRZ) shortfulled fith and Mental Hygiene prior to burial, cremation, or removal. Outled or them 18 shows any injury, or other traumatic event, the medical examiner west be in a carban and the medical examiner west being the content of th	18	PART I. DEATH WAS C		one cause per BY: CAUSE (a)	line for (a), (b), Cardio	ond co pulmor	nary arrest				PPROXIMATE INTE WEEN ONSET AND	D DE
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equires 1 n signed Then pler r to buro injury, or		ART 2 OTHER SIGNIFIC.	ant co	ONDITIONS CO	ontributing t	O DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OF	CONDITION	I GIVEN IN PA	RT 1(a)	
The law retrievante has beer retrievante permit retrievante priore	CERTIFICATION	DATE OF OPERATION		19b. COND	ITION FOR WHI	CH OPERATIO	n was performed	200 AUTOPSY	INC	F YES, WERE F ERTIFYING CA YES []	INDINGS USE USES OF DEA NO [ATH
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DING PHYSIC or offending After this cer e as the barron oith and Ment marked or free	W.	d INJURY OCCURRED WHILE OF WORK OF AT WORK]	21e. PLACE ((AT HOME, STR	OF INJURY REET, FACTORY, OFFIC	E, FARM, ETC.)	211. LOCATION STREET	СПУ	OR TOWN	COUNT	Y s	STAT
TTEND pritol o CIOR: A for use of Heol	21	a.1 certify that (I) (this saw the deceased all above, (I) (we) (did) (c	ve on_		19		nd that in (my) (our) apinia	, to n death accurred an	the date and	19 hour and fro	, that (I) (m the causes st	
he he he	27	Marci	ác	Kan	emp		DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN Z		DATE SIGNED	
TO HOSPITAL O retained by the TO FUNERAL D should be defact with the State D MAPORTANT; If 1	27	MARCIA		ANE	M.D.		22e ADDRESS	MMONDS		NE		
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0			FOR	0.00	STATE OF MARYLAND	8 5 2	1 5 6 4
90-	, 16022	1.	STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENT CERTIFICATE OF DEAT	H	
Ø		I. DE	CEASED NAME FIRST	MIDDLE	LAST	REG. NO. 20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
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(moy rer d	3. SE	× 6 /	1 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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=	ofte ed v	0	9,	Anne Afunce		PE OF WORK FOR MOST OF WORKIN	NG LIFE) INDUSTRY
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	R ATTE hospite IRECTO hed for ept. of it		sow the deceased alive on obove (II (we) (did (did no)	Mew the body after death.		opinion death occurred on the date and	
	0 m 0 m ±		226. SIGNATURES	1 Holling In	DEGREE	DING MEDICAL STAFF CIAN DIRECTOR PHYSICIAN [220 DATE SIGNED
		3	22d. PHYSICIAN'S NAME (TYPE OF	R PRINT)	22e ADDRESS	CIAN DIRECTOR PHYSICIAN	0//8/86
	Daily Hard		STANLEY	N. WATKI	NS SIKEAR	Klin St. Annan	alrs, mi
	5 f g g g	23a. I	URIAL, CREMATION, REMOVAL	23b. DATE 2	31 NAME OF CEMETERY OR CREMA		
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RY, PLEASE DIRECTOR, OUR FILES, WITHIN 72 HOURS		FEMALE	BLACK	7 24	1894	92 YRS		DAYS HOU	RS MIN	PRONOUNCED DEAD		YY	1986	MOC!
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EXEC PAGE	₹ 7	3a BURIAL CREA	ATION, REMOVAL			AME OF CEM				OCATION				
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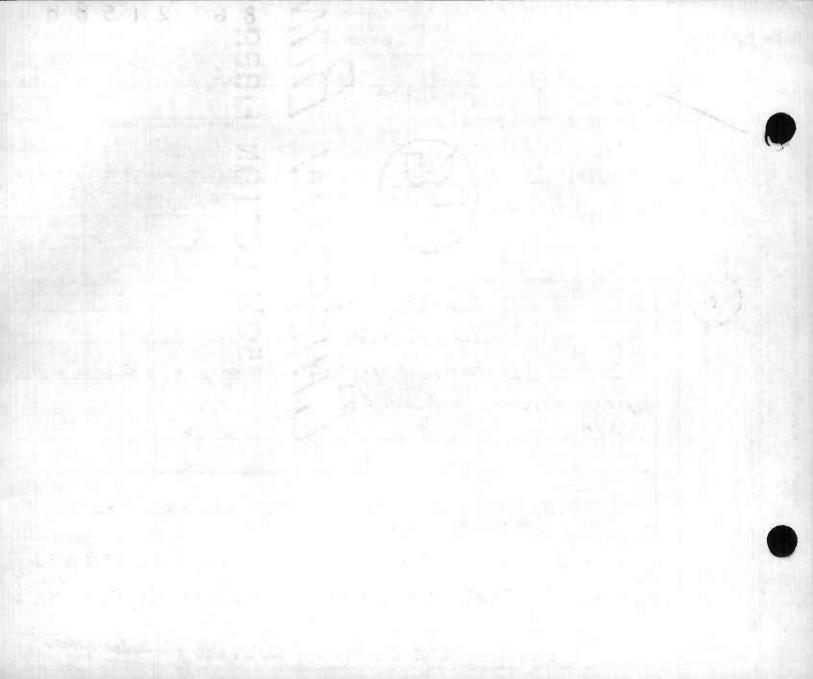
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	ATE, VATE, V	О.	22a certify that	I taak charge	of the remains des	cribed above	e, held an	Autaps	y . Inspectio	in N Inc	uiry .	and in my a	pinion		
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		23a.B	PECHY) BURIAL		-26-1986		MELAWN			Annap		A.A.cou	Mar	vlamo	1
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N-16106	1	FOR STATE REGISTRAR		MENT OF HI	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	REG. NO	2 5	3 7 EDT
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ge 4 mo	3. SE	× Female	A. RACE White	S. DATE O		6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER TYEA MONTHS DAYS	
neral dir.	70. B	RTHPLACE (STATE OR FOREIGN COUNTRY) EW Hampshire	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED WIDOWEI	NEVER MARRIED	9. BALTIMORE CITY O		TY MD.
is offer d		GLEN BURNIE	11. NAME OF HOSPITAL, NURSI	A HOSP		12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTR	of BUSINESS OR mestic
MARYLAND 2120 led within 24 hours ond the fitting in by and the fitting in by excellent fitting in by	130. I	ndian a	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NITY Shall Culver	VN 1	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /		ate Street
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BALTIMORE, cate be executed to specification and completes. Pages is val. 1, the medical			RMED FORCES? 166 SOCIAL SECTIVE WAR OR DATES) 033-20-1		Marshall L.			
RDS, 201 W. PRESTON ST., equires that the death certific in signed by the attending phen please remove corban prort to burial, cremation, or remaining, or ather traumatic ever	NOI	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	ENCE OF	NOT RELATED TO THE TERM		DITION GIVEN IN PART	lto
TAL RECO	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION		200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSI YES	NO _
DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN: The law requires th other ding physician there is signed by the this certificate has been signed be so the buriol-transit permit. Then plea th and Mental Hygiene prior to burial, anked ar them 18 shows any injury, are any and ar them 18 shows any injury, or any and ar them 18 shows any injury, or any and ar them 18 shows any injury, or any and are them 18 shows any injury, and any and are them 18 shows any injury, and any and are the significant than the signific	MEDICAL CE	210, ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DE LIF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AL WORK	HOUR A.M. MONTH D	19	21c. HOW INJURY OCCUR 21f LOCATION STREET	RED (ENTER NATURE OF INJUR		STATE
DIRECTORING THE HOSPITAL OF THE HOSPITAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE		220.1 certify that (1) (this hasp saw the deceased alive or above, (1) (we) (did) (did no 22b, SIGNATURE	bital) attended the deceased from. 8/24 on 19 only view the body after death.	-	d that in (my) (our) opinion DEGREE	death accurred on the do	te and hour and from the	that (I) (we) last ne causes stated TE SIGNED
TO HOSPITAL etained by 1 TO FUNERAL should be de with the State With PORTANTAL		JAMES G. WU	J, M.D.		GLEN BUR	DIRECTOR PHYSIC OF HOSPITAL I	DRIVE, SUIT	E 108
999899	1	BURIAL, CREMATION, REMOVAI (SPECIFY) Burial UNERAL DIRECTOR			emetery or crematory	23d. LOCATION CITY OF TOWN Farmingto	on, Strafford	
DHMH - 16 60M 7/84 (VRA 15, 4)		arzůlo Funeral	Service ADDRESS U	pperco	Λ	UG 25 1986		ATURE

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00-16478	1.	FOR STATE REGISTRAR		DEPARTA	AENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	8 6 2	1588
y be age 3 death		CEASED NAME FIRST VEF	RNON	LEE	1	BURNS	DATE OF DEATH MONTH	Sb YEAR 26 HOUR A
Se 4 may	1.56	male	4 RACE Whit	е	5 DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
nerce Pos		RTHPLACE (STATE OR FOREIGN SOUNTRY)	76 CITIZEN OF	what Country?	MARRIE WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COU	
by the fu		ry or town of death Pasadena	45	4 Nauti	cal	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) QUALITY An	NG LIFE) 17% KIND OF BUSINESS OR INDUSTRY Lalyst Westing-
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making with	I	THER'S NAME Le Roy	L.	Burn		I V y	B.	Tracey
be executed and a second and a		VAS DECEASED EVER IN U.S. AF YES NO OR UNKNOWN) (IF YES GI	MED FORCES?	212-22		Doris Buri	address ns same a	S 13
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARYLAND 2120 ING PHYSICIAN. The law requires that the death certificate be executed within 24 hours oftending physician. When this certificate has been signed by the oftending managed completely filled in by as the buriol-transit permit. Then please remove critical edges from a draw formulation of the filled in by as the buriol-transit permit. Then please remove critical edges from a draw y filled in by an adverted or thrust one any injury, at ather traumaintermit in mindice examiner most be according.	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause lot, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT SUPPLIANT 190 DATE OF OPERATION	DUE TO, O	tacky	NCE OF, OhSTO DEATH BUT	onale vetive pulle ngt related to the term vas performed	20a AUTOPSY? 20b. II	F YES, WERE FINDINGS USED CRIFFING CAUSES OF DEATH?
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R ATTENDI or haspital or haspital or use for use spt of Heal is m	ME	WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hasp	(AT HOME ST	REET, FACTORY, OFFICE, F.	J. 86., at	STREET 19 86 10 d that in (my) (our) opinion of the content of		, 19, that (I) (we) last hour and from the causes stated
TO HOSPITAL cetoined by the TO FUNERAL should be detuned the Store IMPORTANT:	23a 6	DOVIUM SURIAL, CREMATION, REMOVAL SPECIFY CREMATION	St.			ATTENDING PHYSICIAN PHYSIC	Friler B 123d LOCATION Dry Britonion Baltimore	2 8/2 6/8 6 2 1729 e, COUNTY MATE.
BP DHMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR NAME ardesty Fueni		12 Rid			E REC'D BY REGISTRAR TS RE	



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No.	1000年人ノ	14, 5	ATHER'S NAME	MIDDLE	LAST	. 30	15. MOTHER'S MAIDE	NNAME	DDLE	LAST	
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3	A STATE OF S		NO -		705-12-	4766	Donald Car	mpbell / H	asadena.	.Md. 21122	
2	WIT PON		18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS	anly ane cause per lin	e far (a), (b), mg (c).)	1 -	0			APPROXIMAT BETWEEN ONSE	E INTERVAL T AND DEATH
2	A PROPERTY			ATE CAUSE (a)	CA	vdII	ac H	nnes	7		
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DIVISION OF VITAL RECORDS, 201 W.			rying coose iosi.	(c)							
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VISI	LE AUD.	MEDICAL	214 INJURY OCCURRED WHILE DOT WHILE		OF INJURY (AT HOME		CATION	CITY OR TOW	N	COUNTY	STATE
ō	E, WRIT WARDI WARDI PAGE STATE D	1	AT WORK AT WORK					e o 10		200,411	STATE
	111 54 10 4		220. I certify that I took cha	rae at the remains di	scribed above held a	n Autop	sy , Inspection	Inquiry	and in a	ny opinion	
	EXAMINER: CERTIFICATI ULD BE FOR DIRECTOR: J, WITH THE: MARYLAND			rural couses .		Suicide	. Homicide .	Undetermined mar		ny opinion	
-	EXAM CERTIL DILD B DIREC WARY		1.,		1	0010100	TITLE (SPECIFY)	Ondere mine o mo	,	1	1
	CAL EXA THE CER SHOULD ERAL DIR EATH, WI		ACTUAL SIGNATURE	len (the way	D M	Deputy	MEDICAL EXAMI	Di	ATE 6/31	86
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	TO MEDICAL E EXECUTE THE C PAGE 4 SHOUT TO FUNERAL D AFILL DEATH, A BALLINORE, M		(TYPE OR PRINT) Will	iam P. Jones	M.D.		ADDRESS 695 Ame	rica Ort. DA	widsowil	le.Ml. 21035	
	DAY OF A	230 B	URIAL, CREMATION, REMOVAL	23b DATE	23c. NAME OF			23d. LOCATION			ATE
	BP		Burial	Sept.3.86	Woodla	wn Cen	eterv	Woodlawn.	Baltimon	re Co. Mo	
	DHMH - 17	24 F	UNERAL DIRECTOR		3204 Moun			EC'D. BY REGISTRAR	256 REGISTRAF	R'S SIGNATURE	
	(VR A15 ME (5))		McCully Funera					2 1986	RIN	don-National	
	20M 4/82										

00-01727 Carpbell Street A A R Color Survey North Anader Steel Returns Mid PA Company i 158 Margaran Col THE RESERVE OF THE PARTY OF THE CARTAR PORPER 13/15/3

DEFINITION OF CONTRIBUTION OF	1-15641	1.	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IEM 6	2 1 5 9 0 EDT
JESSE AMOS CANNON AUGUST 18 1986 919 PM MALE STATEMENTS OF THE STATEMENT	, , , , , , , , , , , , , , , , , , , ,			3JODIM	LAST	2a. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
MALE WHITE WASH WHITE WARPINAND USA WERRANGE Q NEVER ANREE DAMOND DIVORCED MARYLAND USA WERRES Q NEVER ANREE DAMOND DIVORCED MARYLAND USA MARYLAND USA WERRES Q NEVER ANREE DAMOND DIVORCED MARYLAND USA MANDE ARRIDEL COUNTY MOONED MOON	ge 3			AMOS	CANNON	AUGUST	18, 1986 919 PM
MALE MARCHAND TO BETTER ACCOUNTEY OF WARRED ON PRIVE MARRED ON NO. 20 1 SANTEMORE CITY COUNTY MARTHAND TO BETTER ACCOUNTEY OF WARRED ON NO. 20 1 SANTEMORE CITY COUNTY MARTHAND TO STATE ACCOUNTY OF BEATH ANNE ARYLLAND THE MARTHAND T	mo)	3. SE	X	4. RACE		6. AGE (IN YEARS LAST BIRT	
MANYLAND 18. CITY OF TOWN OF BEATH 19. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 19. SUBJECT OF SUBJECT OR OTHER STATES OF THE MANY OF TH	S of		MALE	WHITE		80	
GLEN BURNTE MONTH ARUNDEL HOSPITAL GLEN BURNTE MONTH ARUNDEL HOSPITAL GLEN BURNTE MUSICAL RESIDENCE (IF MARING-IN-OLD DECIDIOR CONTENED THE ALL AND SCALE AND SCALE AND	heoth. Po		COUNTRY		MARRIED XJ NEVER MARRIED		UNDEL COUNTY
18. STATE 19. COUNTY 19. MATCH 19.	by the true		GLEN BURNIE	NORTH ARUNDEL	HOSPITAL	(TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY
Jerry Je	24 hour 11/16d in source to	130. Ma	aryland Ann	NTY 13c. CITY OR TOV	urnie YES NO X	312 Newfie	
The Was decased ever in u. S. armed forces? Who was decased bever in u. S. armed forces? Who was decased in the second property of the	() 請しなわり	14. E.		MIDDLE LAST			LAST
NO N/A 213.10.8077 Mr. Jesse R. Cannon Balti., Maryland 2122 No N/A 213.10.8077 Mr. Jesse R. Cannon Balti., Maryland 2122 No N/A 213.10.8077 Mr. Jesse	COMPANY CONC		Jerry		n Della		
NO N/A 213.10.8077 Mr. Jesse R. Cannon Balti., Maryland 2122 No N/A 213.10.8077 Mr. Jesse R. Cannon Balti., Maryland 2122 No N/A 213.10.8077 Mr. Jesse	cote e recui yysican and co oper Fager oval				URITY NO. 17. INFORMANT (SC	on) ADDRE	SS 208 Worthmont Rd.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR	7 24 1				8077 Mr. Jesse R.	Cannon Ba	lti., Maryland 21228
220. I certify thou (this hospital) ottended the deceased from 19 0 on that in my) our) opinion death occurred on the date and hour and from the couses stated of the deceased from 19 0 on that in my) our) opinion death occurred on the date and hour and from the couses stated of the deceased from 19 0 on that in my) our) opinion death occurred on the date and hour and from the couses stated of the deceased from 19 0 on that in my) our) opinion death occurred on the date and hour and from the couses stated of the deceased from 19 0 on that in my) our) opinion death occurred on the date and hour and from the couses stated of the deceased from 19 0 on that in my) our) opinion death occurred on the date and hour and from the couses stated of the deceased from 19 0 on that in my) our) opinion death occurred on the date and hour and from the couses stated of the deceased from 19 0 on that in my) our) opinion death occurred on the date and hour and from the couses stated of the deceased from 19 0 on that in my) our) opinion death occurred on the date and hour and from the couses stated of the deceased from 19 0 on that in my) our) opinion death occurred on the date and hour and from the couses stated of the deceased from 19 0 on that in my) our) opinion death occurred on the date and hour and from the couses stated of the deceased from 19 0 on that in my) our) opinion death occurred on the date and hour and from the couses stated of the date	ow requires that the death certiful to the signed by the attending phermit. Then please remove carbons prior to burial, cremation, or removed injury, or other traumatic ever	CATION	gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	(c)CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	THEME	20b. IF YES, WERE FINDINGS USED
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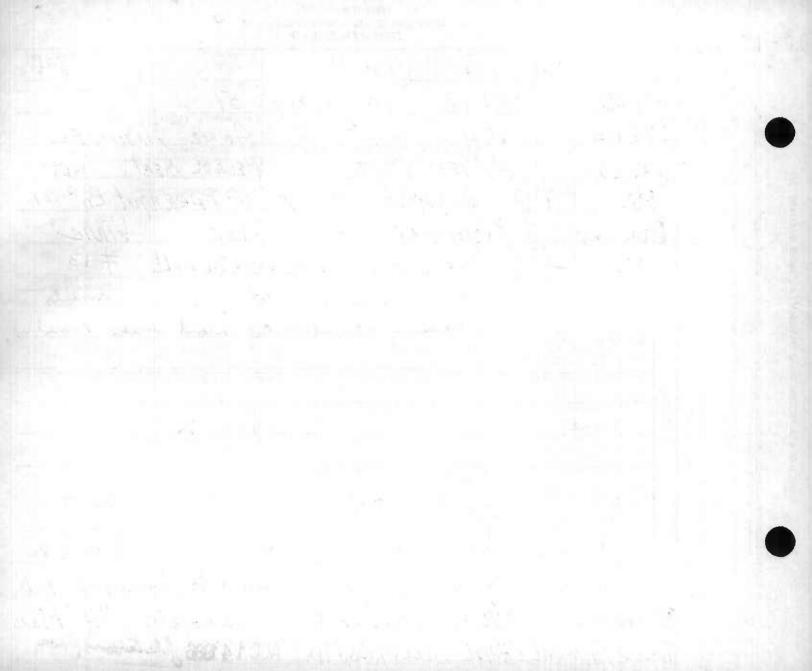
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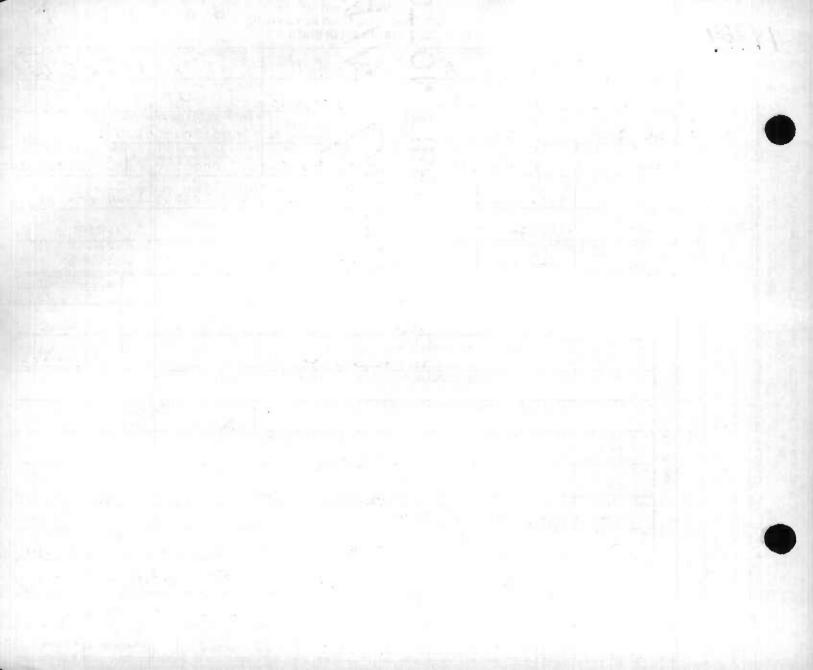
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201



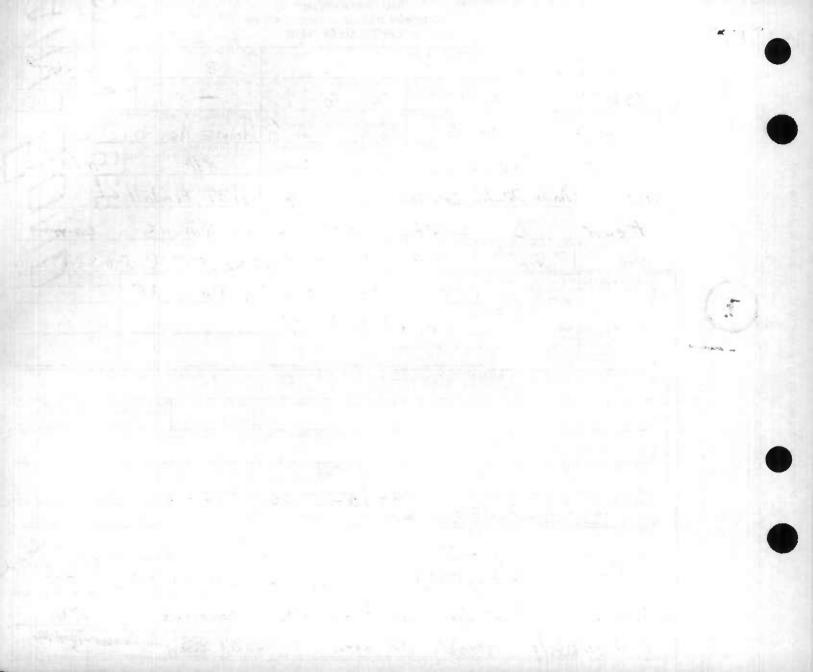
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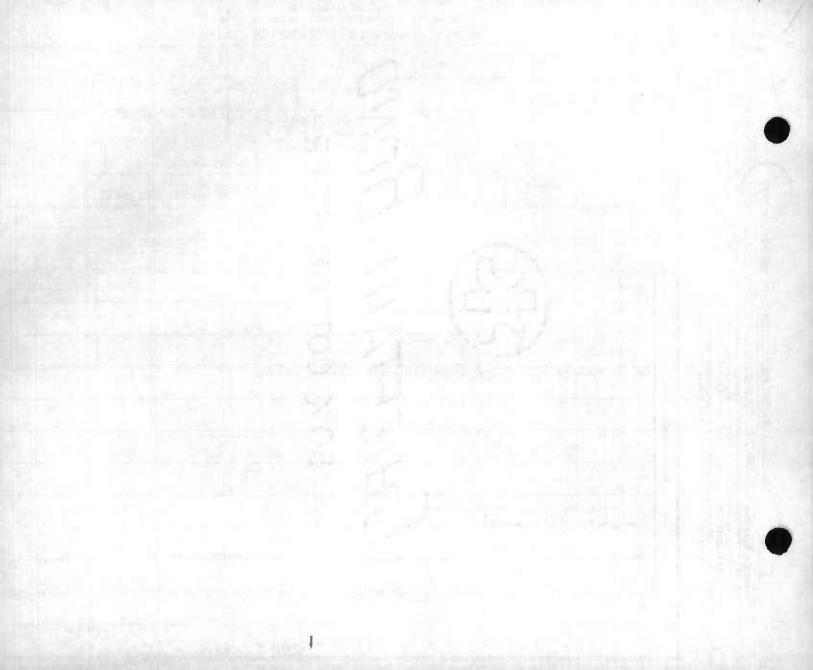
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL - STATE 00-16008 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 2ª DATE KNOWN 2b. HOUR (TYPE OR PRINT) OF ESTI-DALE CROWNER 18 86 19 6. AGE (IN YEARS I IF UNDER 1 YR. 2d. HOUR 6:55 Am 4. RACE S. DATE OF BIRTH 3 SEX IF UNDER 24 HRS DATE PRONOUNCED 26 MALE BLACK DEAD 86 19 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR MARRIED KONEVER MARRIED FOREIGN COUNTRY) Anne Arundel County WIDOWED DIVORCED 170. USUAL OCCUPATION LTYPE OF WORK 1126 KIND OF BUSINESS M CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Anne Arundel Gen. Hosp. Annapolis USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13a STATE 136. COUNTY 1358 Mover Ct. MARYLAND ANNAPOLIS A.A. 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE CROWNER TURNER LENORA GEORGE 17. INFORMANT Annapolis ADMES 21403 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. IYES NO. OR UNKNOWNE 212-54-7718 PAMELA C. CROWNER 1358 Moyer Ct. NO APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Drowning MAMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? PAGE 4 SHOULD BE FORWARDED TO THE CHIEF IO FUNEAL DIRECTOR, PAGE 3 SHOULD BE USED AFTER DEATH, WUDN'THE STATE DEPARTMENT OF HE BATT WORF, NO REVIAND, 21201 PRIOR TO BURIAL, YES X NO 1 216 EXTERNAL CAUSE WAS 116. TIME OF INJURY
HOUR AND MONTH DAY YEAR 214 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR P.M. 8-18-19 86 Subject fell from boat into water. CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211 LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STATE WHILE AT WORK Anne Arundel Chesapeake Harbor Marina, MD water Autapsy X 220. I certify that I taak charge of the remains described above, held an and in my apinian Homicide Undetermined manner death resulted fram TITLE (SPECIFY) ACTUAL 8-19-86 M.D. Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME 111 Penn St., Balto., MD Charles P. Kokes, M.D. (TYPE OR PRINT) 230.BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) 8-22-1986 BURIAL ST. MATTHEWS CEMETERY TERY Shadyside A A 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNA 07/84 25M 74 FUNERAL DIRECTOR 74 FUNERAL DIRECTOR Annapolis post Md. 21401 WILLIAM REESE & SONS MORTUARY. P.A. **DHMH - 17** (VR A15 ME (5)) www. Druidan

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OR: A		saw the deceased alive an_	S-10- 195	and that in (my) (our) ap	inian death accurred an the date and h	
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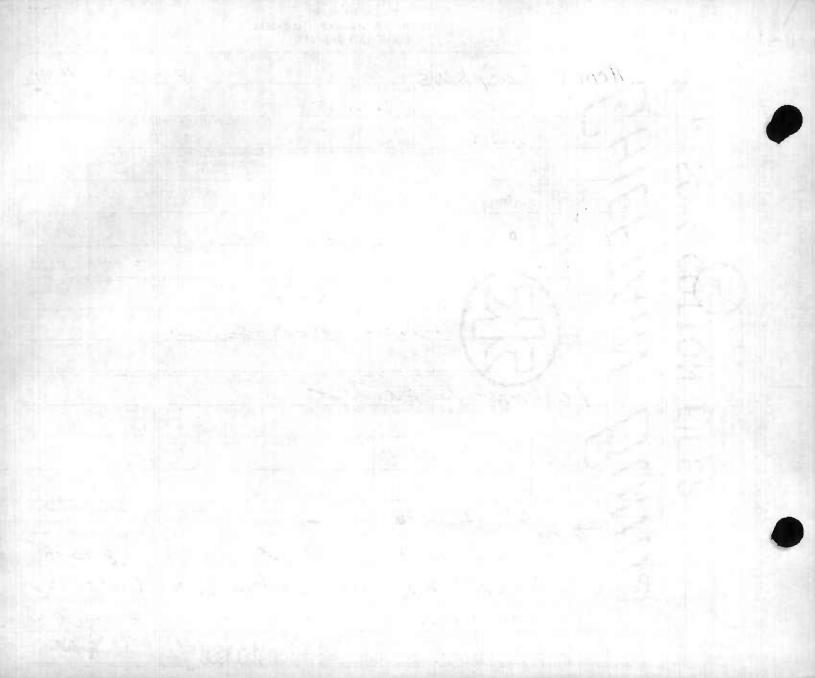


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME 20. DATE KNOWN TE MONTH 2h HOUR (TYPE OR PRINT) ESTI-DEATH MATED BEULAH 19 86 DANIELS 4 RACE 6 AGE (IN YEARS 3 SEX . DATE OF BIRTH IF UNDER 24 HRS 2d HOUR 2c. DATE LAST PATHDAY 6-27-1910 PRONOUNCED 10 å 17 Caucasion Female DEAD 1986 TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Maryland WIDOWED X DIVORCED Anne Arundel County 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION A.A. County Education Bd. Glen Burnie North Arundel Hosp. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 3a. STATE 13b COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 716 Burch Ave. 21122 A.A. County Pasadena Maryland NOK 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE LAST Pumphrey Ann William 160 WAS DECEASED EVER IN U.S. ARMED FORCES 16b. SOCIAL SECURITY NO 17 INFORMANT 8254 Fenton Lane [YES, NO, OR UNKNOWN] 212-42-6164 Robert A. Daniels no Pasadena, MD 21122 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Multiple injuries IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last SED AS A BURIAL HEALTH AND WE AL CREMATION PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOW EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHIE TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USK AFIER DEATH, WITH JHE STATE DEPARTMENT OF BALLIMORE, MARYLAND, 21201 PRIOR TO BURIA YES X NO [21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING GOR 8:18 xx 8-13-CONTRIBUTING CAUSE OF DEATH 19 86 Passenger of van/fixed object impact. 21e PLACE OF INJURY (AT HOME, 211. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK road Rt. 648 No. of Pasadena Rd., Anne Arundel, MD Autopsy X 22a I certify that I taak charge of the remains described above, held an Inquiry and in my apinion death resulted fram: Accident Hamicide Undetermined manner Natural causes TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 8-14-86 SIGNATURE EXAMINER'S NAME Charles P. Kokes, M.D. 111 Penn St., Balto., MD 21201 (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE BURTAT. 8-16-1986 Glen Haven Cemetery | Glen Haven A A MD | 1750. DATE REC'D. BY REGISTRAR 1756. REGISTRAR'S SIGNATURE 07/84 BP 25M 501 Ritchie Hwy Sev. Pk. MD 21146 **DHMH - 17** Barranco F.H. (VR A15 ME (5))



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00-15713	FOR STATE REGIS	RAR		DEPARTA	MENT OF HEA	OF MARYLAND ALTH AND MENTA CATE OF DEATH		8 6 REG. NO.	2	0	O 4 EDT
noy be poge 3	1. DECEASED (TYPE OR PRINT)	ANNA	BELLE	DLE	DON	ALDSON	2a D/	AUGUST	12,	YEAR 26.	HOUR 430 M PM
age 4 ma irrector. po ours ofter c	3. SEX FeI	nale	4. RACE Whi	te	Sept Sept	9 ^{DA} 1906 ^A		E (IN YEARS LAST BIRTHDA 79	YRS.		UNDER 24 HRS OURS M.IN.
Populario dirimina 72 boundario dirimina 72	Vir	E (STATE OR FOREIGN	76 CITIZEN OF WE		WIDOWED.			ANNE A	OUNTY OF DE VRUNDEL		ΓΥ _{MD.}
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AND THE PROPERTY OF THE PROPER	Mary1	179	ne Aru	ove RESIDENCE BEFORE BL. CITY OR TOW OWING	S I	BA. INSIDE CITY LIMI YES NO		BOX 93/ ZII	P CODE	2073	16
MARYLAND ted withing a	14 FATHER'S JOS	ëph	WIDDLE H	ausenf	luck	Blanc	he	WIDDIE	K	eller	•
BALTIMORE, cote be executed by sixting ond complets. Pages I val. 11, the medical	160 WAS DEC	EASED EVER IN U.S. A UNKNOWN) (IF YES, C	RMED FORCES? 16	577 12	3476	Kathlee	n Sch	aeffer	Same	e as	#13
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST Otherding physician. Otherding physician igned by the otherding of the this certificate has been signed by the otherding of the buriol-tronsit permit. Then please remove corbon th and Mental Hygiene prior to buriol, crematian, or respected of them 28 has many injury, or other traumatic exampled.	MIFICATION and and a social so	ions, if ony, which rise to immediate (0), stating the ying cause lost	DUE TO, OR A CONDITIONS CON 19b. CONDITIO	ON FOR WHICH	DEATH BUT N	WAS PERFORMED	200 YE:	3) 49-0 AUTOPSY? 120	ON GOD IN IF YES, WER I CERTIFY ING YES IITEM 18 PART I O	E FINDINGS CAUSES OF	S USED : DEATH?
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BP	(SPECIFY)	Burial	15Aug8	36 Ft		oln Ceme		Bladens			
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 FUNERAL NAM	Suitlar	e Wilne and Mary.	land Ress	erar r	101116 125	DATERECT	8 1986	REGISTRAR'S	SIGNATURE	arments.

	or are		11
THE ALL DIGITION BY A			
Land Carte			maja ana
		ron Sirino III	
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	a. out		

201	us offer dec	by the funeral director, page filed within 72 hours after dea
ON ST., BALTIMORE, MARYLAND 21	this of executed within 24 hor	no present and completely filled in by the fu
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	O HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death throats a executed within 24 hours offer dec. Age 4 may be bospital or attending physician.	IO FUNERAL DIRECTOR. After this certificate has been signed by the attention and completely filled in by the funeral director, page should be detached for use as the burial-transit permit. Then please remave company toges I and 2 should be filed within 72 hours after decided begin to theolih and Mental Hygiene prior to burial, cremation,

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH LAST 20. DATE OF DEATH MONTH DAY 26 HOUR Myrtle 1986 May Dorsech August 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 4 RACE "Feb. 22, 190 White 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED TISA Anne Arundel Co. WIDOWED DIVORCED 12n USUAL OCCUPATION 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOUSEWITE DOM North Arundel Hospital Domestic BE CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 136 COUNTY Milburn Circle, 21122 asadena 15. MOTHER'S MAIDEN NAME Wingate North Margaret 166 SOCIAL SECURITY NO 17 INFORMANT Mrs. Ruth Endrich Same as #13

14 FATHER'S NAME Otto 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) no 18 CAUSE OF DEATH (Enter only one couse per PART I. DE ATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I TO 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO [210 ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

211 LOCATION

224 PHYSICIAN'S NAME THIS DI Dr. Gaybso

17s I certify hat (II (this haus tal) attended by leceased from

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

yow the decement alive on

obove. (If (we) laid) (did not)

21d INJURY OCCURRED

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 5411

Old Frederick

CITY OR TOWN

and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated

Rd., Balto.,

COUNTY

23a BURIAL, CREMATION, REMOVAL DATE (SPECIFY)

3204 Mountain Rd.,

23c. NAME OF CEMETERY OR CREMATORY

19

CITY OR TOWN 9/3/1986 Garden of Faith Cem. Rossville, Balto., Md. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 (VRA 15, 4)

CERTIFICATION

FOR

REGISTRAR

Female

TO BIRTHPLACE (STATE OF FOREIGN

O CITY OR TOWN OF DEATH

Glen Burnie

Maryland

Maryland

DECEASED NAME

- STATE

(TYPE OR PRINT)

3 SEX

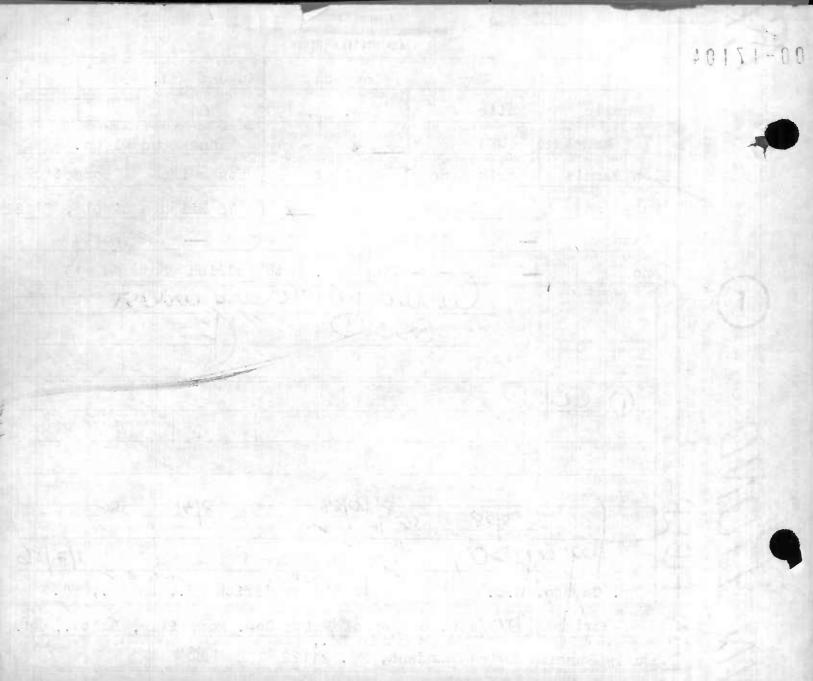
Funeral Homes Pasadena, Md. 21122 St

HOUR A.M. MONTH DAY YEAR

AT HOME STREET, FACTORY, OFFICE, FARM ETC)

P.M.

21e PLACE OF INJURY



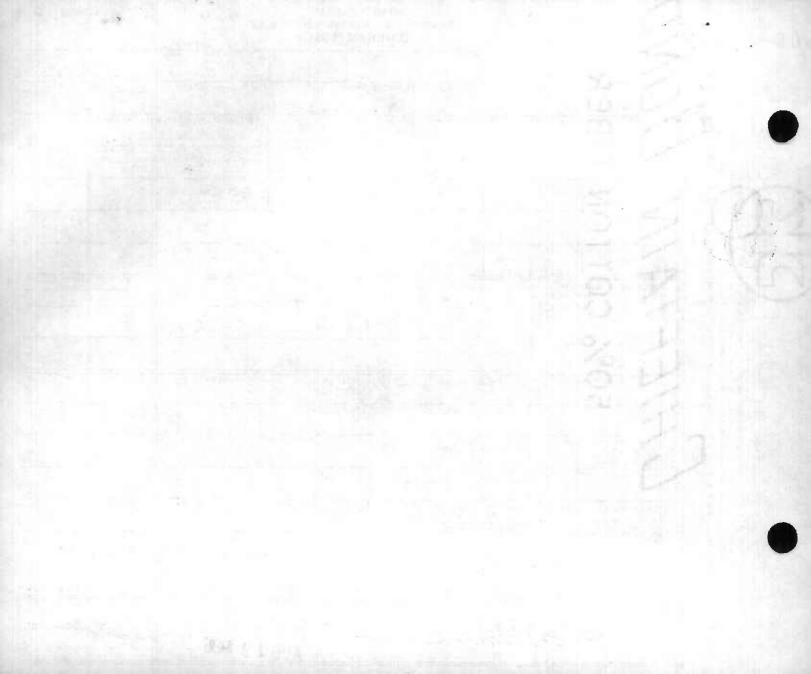
STATE OF MARYLAND

DEPA	RTMENT	OF	HEALT	TH /	AND	MENTAL	HYGIEN
	CE	RTI	FICA	TE	OF	DEATH	

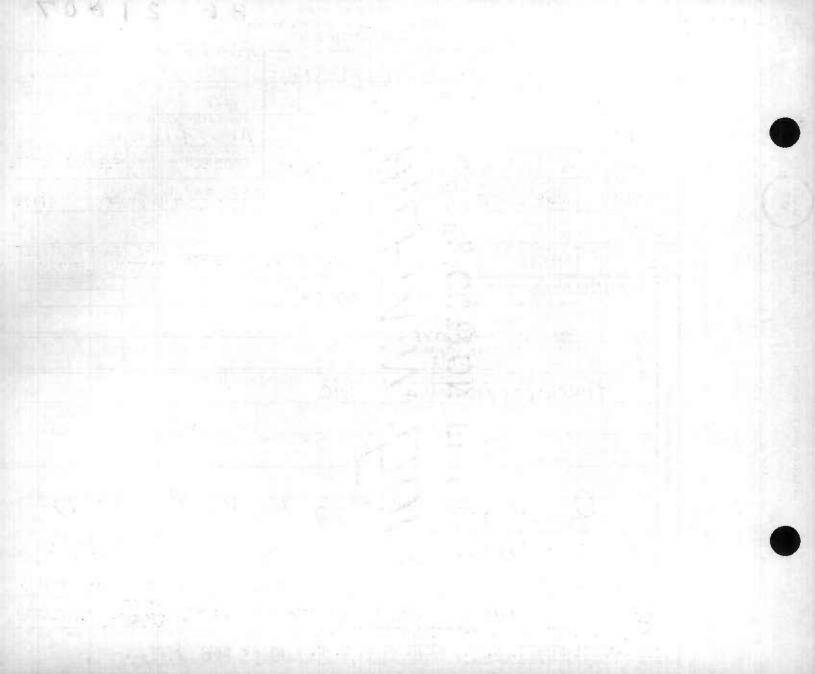
7		FOR STATE REGISTRAR		DEPARTN	0.		***					
-		OR PRINT)	A	MIDDLE	- 1	AST		20 DATE OF DEATH	MONTH	DAY YEAR	2b HOUR	^
	{ITPE	Wilfred	Jo	seph	Dı	upuis		Aug	ust	8, 1986	3:25	5 _M
	3 SEX	(4 RACE		5. DATE C			AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24	HRS
,		Male	Whi	te	Feb.		1923		63 YRS	MONTHS DAYS	HOURS	MIN.
	Ta. BIF	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.			BALTIMORE CITY	-	Y OF DEATH		
4	2	SCOnsin	USA		WIDOWE	D NEVER M	ORCED	Ann Arur	del (Co.		MD,
9		TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C			120 USUAL OCCUPAT	ION	126 KIND O	F BUSINESS	
		Pasadena		ak Drive	ADDRESS)			Militors			2410 7 7	
7	APRIL A	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION.	GIVE RESIDENCE BEFORE				Military			my	-
Ĕ,	100	TATE 13b COUN	_	13c. CITY OR TOW		13d. INSIDE CI		13e.STREET ADDRESS				
6		ryland A A	CO.	Pasadena	l		MAIDEN NAM	213 Oak D	rive	21122		
Z	7	FIRST	MIDDLE	LAST		F	IRST	WIDDIE		EAS		
7	-	Wilfred	UED FORGESS	Dupuis	DITU - IO		rie	fe) ADDRI		Resch	ıke	
1	(Y	VAS DECEASED EVER IN U.S. AR	rkorea	395.12.7		Anna I	, – .		as 1	3		
		Yes Viet 18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	ly one cause per				,	<u></u>		APPROXI BETWEEN	MATE INTERVA	ATH
	300		E CAUSE (a)	Chid	w res	PHHO	man	SV	1/1/1/			
			DUE TO, OI	R AS A CONSEQUE	NCE Of	1. 1	1		.,.			
	Ų	Canditians, if any, which	(b)	mes	2810	nic ru	endt	so de CEV	nce			
j		cause (a), stating the underlying cause last.	DUE TO, OI	r as a conseque	NCE OF							
	Z	PART 2 OTHER SIGNIFICANT (ONTRIBUTING TO E	EATH BUT	NOT RELATED	TO THE TERMIN	nal disease or con	IDITION G	IVEN IN PART 10)	
	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFOR	MED	200 AUTOPSY?		ES, WERE FINDIN		
1	TIFIC	Carlotte Annual Control						YES NO		ES [NO [
-		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	21b. TIME O	FINJURY M. MONTH DA	Y YEAR	21c HOW IN.	URY OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18	PART (OR PART 2)		100
1	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER		M.	19							
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY REET, FACTORY, OFFICE F	ARM, ETC.)	211 LOCATIO STREET	N	CITY OR TO	NWN	COUNTY	STAT	16
		220.1 certify that (1) (this haspi	tal) attended th	e deceased fram_		1	19.86	&	8	19.86	that (I) (we) last
		saw the deceased alive an abave, (1) (we) (did) (did no		1981	6 . ar	nd that in (my)	our) apinion d	eath accurred an the d	ate and ho	our and fram the	causes state	d
		22b SIGNATURE	O A A	affer death.		DEGREE	7,717	100		22c. DATE	SIGNEDA	
		Dand	511 has	a h			TENDING HYSICIAN	MEDICAL STA		88	180	
		224. PHYSICIAN'S NAME (TYPE	R PRINT)			22e ADDRESS				1	1	
		Dr. David S. H						Onocology	Cent	er, Balt	i., M	ld.
	23e B	BURIAL, CREMATION, REMOVAL				EMETERY OR C		23d LOCATION		COUNTY	STAI	1E
		Burial	Aug 11	, 1986 Ma	arylar	nd Vet.					Co M	1d.
	24 FU	JNERAL DIRECTOR	Vine	100 ADDITION			250 DATE	REC'D. BY REGISTRAL	256 RE	TRANSPORT	ÜRE	The same of the sa
	S	ingleton Funera	al Home	Glen Bu	rnie	Maryla	andAUG	1 % 1900				

DHMH - 16 60M 7/84 (VRA 15, 4)

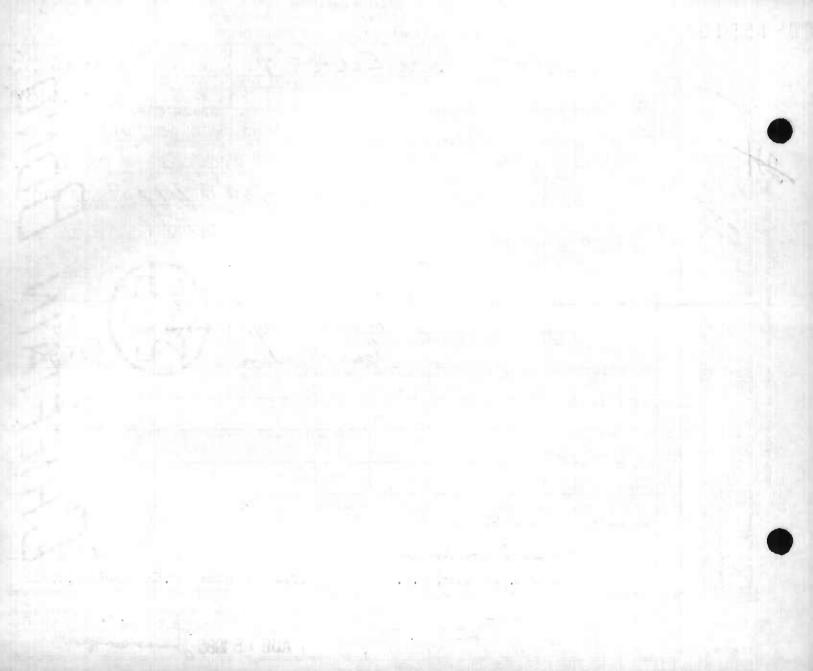
BP.



40-	-15893	1.	FOR STATE REGISTRAR			DEPA	RTMENT OF I	E OF MARYLAND BEALTH AND MENTAL H ICATE OF DEATH		2 .	16	07
			CEASED NAME	FIRST		MIDDLE		AST	2a. DATE OF DE		AY YEAR	2b HOUR
9	98.3		HO	2401		Р.	Ede	Istein		8	4 86	12:26pm
ge 4 mg	ector, a	3. SE	MALE		I RACE)HITE	S. DATE O		6. AGE (IN YEARS	LAST BIRTHDAY)	ONTHS DAYS	HOURS MIN.
6	1169		RTHPLACE (STATE OR F	OREIGN 1	LS CITIZEN OF	WHAT COUNTI	RY? 8. MARRIE WIDOWI	D NEVER MARRIED	1 0 . 1	Arun	. 1 /	MD.
o other	1143	f	NNapol	IS I	A NAME OF	HOSPITAL, NUR	RSING HOME (rother institution lel ben	120 USUAL OCC	UPATION OF WORKING LIFE		AL GOV'T
E G	1995	13a. S	AL RESIDENCE (IF NURS TATE ARYLAND	13b COUNT ANNE	ARUNDE	GIVE RESIDENCE BE	FORE ADMISSION)	13d. INSIDE CITY LIMITS?		RESS / ZIP CODE	REET	21114
MART	1220		OUIS	M	NODLE	EDELST	EIN	REGINA	MI	DDLE	LAS	
TIMORE, be execu-	Pages	160 \	VAS DECEASED EVER (ES NO OR UNKNOWN)		AED FORCES?	16b SOCIAL SI 099-09		17. INFORMANT SHIRLEY	W. EDELSTE	IN, CROFT	ON. MA	NG STREET ARYLAND MATE INTERVAL ONSET AND DEATH
201 W. PRESTON ST.	ed by the ottending phipelose remove carbons mist, cremotion, or remo- or other traumatic even		PART I. DEATH W Conditions, if any, gove rise to imm cause (a), statin underlying cause	which nediate g the last.	DUE TO, O (b) DUE TO, O (c)	RAS A CONSE	QUENCE OF	wvest				
TAL RECORDS, 7	sides been signated by greater prior to but state prior to but state prior to but state or a state or any minny.	CERTIFICATION	19a. DATE OF OPERAL	ROM	BOCY	TO PEN ITION FOR WH	1A/	NOT RELATED TO THE TE DIC N WAS PERFORMED	200 AUTOPSY	? 20b. IF YES, IN CERTIFY YES	WERE FINDIN	NGS USED
DIVISION OF VITAL RECORDS	or ottending pay After the setting to os the setting in oith and Mertal H marked at terming	MEDICAL C	OR CONTRIBUTING (IF EITHER OTHEY MEDIC 21d INJURY OCCURE WHILE AT WORK AT WORK 220. certify that (1)	CAUSE OF DEAT CAL EXAMINER)	HOUR A. P. 21e. PLACE (AT HOME, STI	M. MONTH M.	CE, FARM ETC)	211. LOCATION STREET		Y OR TOWN	COUNTY	STATE
PITAL OR ATTEN	by the hospital ERAL DIRECTOR. e detached for use State Dept. of He ANT: If them 21 is		saw the decease above (1) we ((a) 27b. SIGNATURE	did (did nat	View the body		9, a	nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 122e ADDRESS	MEDICAL	STAFF	and from the	
TO HOSE	retoined by the Should be det with the Stote	22- *	DABBS	i, w	A.	La	1 NAME OF	703 G	IDDINGS	AVE		MAPOLIS
	BP	1	BURIAL CREMATION,		8/6/19	986	MOUNT L	EBANON CEMET	ERY ADE EPI	T, GEORGE	S M	ARYLAND
DH	IMH - 16 60M 7/B4 (VRA 15, 4)		DONALDECMOR S 232 CARROLI					N, D. C.	G 4 2 1986	STRAR 25b. REGISTR	AR'S SÍGNAT	URE



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10-1	5513		STATE REGISTRAR		MED	ICAL EXAMINI	ER'S CE	ERTIFICATE O	F DEATH	REG. NO.			
			CEASED NAME	FIRST		MIDDLE		151	2a. D	ATE KNOWN N	MONTH (DAY YEAR	Zb HOUR
	PEASE CTOR. FILES. TREET,		E OR PRINT)	14BE	RT	MEEKINS A	-LL	1077	DI	OF ESTI-	81	3,86	0100
	- MATO	3. SE		UCAS	DATE OF BIRTH	vear Last Birthda	1 MONTHS		MIN. PROI	DATE NOUNCED DEAD	MONTH	3 1986	1345 M
	ESSARY, BRAL DIR R YOUI THIN 72	FC	RTHPLACE (STATE OR		76. CITIZEN OF WH.	AT COUNTRY?	8. MARRIE	NEVER MARRI	ED - 9 8/	ALTIMORE CITY OR	COUNTY	OF DEATH	
	45.00		RYLAND		USA		WIDOWE			NNE ARUN			MD.
2		G	LEN BURN	IE	304 GL	ITAL, NURSING HOME, ILITY, GIVE STREET ADDRESS) ENWOOD AV	T	RINSTITUTION	FOR MOST (OCCUPATION (TYPE OF WORKING LIFE) ENTER		OR INDUST ONSTR	TRY
10212	発記と		AL RESIDENCE (IF IN M TATE . RYLAND	ANNE	ARUNDEL	RESIDENCE BEFORE ADMISSION ISC. CITY OR TOWN BURI	VIE	AC INSIDE CITA FIMILES	13e STREET A	DDRESS GLENWOOD	AVE	NUE 2	1061
RE, MD.	100	1	THER'S NAME FIRST FORGE		MIDDLE	ELLIOTT	1	\$. MOTHER'S MAIDE FIRST		MIDDLE JNKNOWN		LAST	
WO	NO NO NO	16a. \	VAS DECEASED EVER	IN U.S. ARM		166. SOCIAL SECURITY	NO. 1	7. INFORMANT		ADDRESS			
ALT	MITH FACE		YES	WWI		218-16-68	307	MARGARE!	T M. I	ELLIOTT	SAM	E AS	#13
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 28. DATE OF DEATH (TYPE OR PRINT) 1058 GHILTANI 1986 OTGA 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF LINDER 21 HR 1, 1909 Female White April To. BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED ANNE ARINDEL COUNTY Pennsylvania USA WIDOWEDIX DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY GLEN BURNTE Homemaker Own Home SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 1136 QUINTY 13c. CITY OR TOWN 113d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Pensylvania Philadelphia Phildelphia 1029 Flanders Road YES X 19151 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Ernest Ciancaglini (Unknown) Rosina 68 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO ADDRESS 17 INFORMANT (Son) (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No 166.01.8866 Dr. Nicholas Giuliani Same as 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 70m AUTOPSY IN CERTIFYING CAUSES OF DEATH? NOF NO [216. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY 0 (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY NOT WHILE 22s.1 certify that (1) (this haspital) amended the deceased from ., and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS should be MPORT ROBERT B. KROOPNICK, M.D. 0 23c. NAME OF CEMETERY OR CREMATORY 236. BURIAL, CREMATION, REMOVAL 23d LOCATION 236. DATE (SPECIFY) COUNTY STATE Burial Aug 28, 1986 S. S. Peter & Paul Springfield Del. 26 1986 PROBLEM REGISTRAR'S SIGNATURE 1986 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 (VRA 15. 4) Singleton Funeral Home Glen Burnie, Maryland

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773	ı	FOR - STATE REGISTRAR	DEP/	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE O Z	FDT
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		EX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
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137	7 N		OR OTHER INSTITUTION GIVE RESIDENCE BUTTY 13c CITY OR Balti		#2 13th Avenu	DE 21225
1/12		FATHER'S NAME John	H. Glast	ser Sr 15. MOTHER'S MAIDEN NO.		Meyers
no been ugued by the attending physician and capering. Their please remove contachpapers. Pages in prior to build, cremitation, or remarkel, we gry rillory, or other traumotic event, it is medical.	160	WAS DECEASED EVER IN U.S. A		SECURITY NO. 17 INFORMANT 5-7104 Rita E. Gla	eser Same a	s 13e
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DEPARTMENT OF HEALTH AND MENTAL HYCHENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE KNOWN 7h HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED E FUNERAL DIRECTOR.
E 5 FOR YOUR FILES.
E), WITHIN 72 HOURS Mary Alice Gottwals 8/9 1986 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c DATE LAST BIRTHDAY PRONOUNCED Female White PM July 2 DEAD 1918 70 YRS 11/19 86 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland USA Anne Arundel County, WIDOWED DIVORCED 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION IS CITY OF TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Analyst 1810 Aberdeen Circle Crofton U.S. Gov't JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) BALTIMORE, MD. 21201 13b. COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Crofton Co. 1810 Aberdeen 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Mary Henry A. Chaney Wigley Sr. 17 INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES Hgy.Crownsvill 15 Generals F Harry C Gottwals 215-32-1230 18 CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) APPROXIMATE INTERVAL DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Gunshot Wound to Head IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? THEAPSONLY YES X NO 21g EXTERNAL CAUSE WAS HOUR A.M. MONTH THATED 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 8/ 9/ 1986 self inflicted wound 21d. INJURY OCCURRED 21e PLACE OF INJURY III. LOCATION (AT HOME STREET, FACTORY, FARM, ETC.) WHILE DOT WHILE 1810 Aberdeen Circle, Crofton, Md. home 22a. I certify that I took charge of the regions the relief HEAD CONLY and in my opinian TO MEDICAL EXAMINE
EXECUTE THE CERTIFICA
PAGE 4 SHOULD BE RE
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AFTER DEATH, WITH THE
BALTIMORE, MARYLAN Natural causes Hamicide Undetermined monner TITLE (SPECIFY) ACTUAL DATE 8/12/86 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. lll Penn St. TYPE OR PRINT 23g. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial 8-15-86 Baldwin Memorial Millersville 07/84 BP 25M 24 FUNERAL DIRECTOR 75h REGISTRAS **DHMH - 17** T.A. Hardesty Annapolis, Maryland 21401 (VR A15 ME (5))

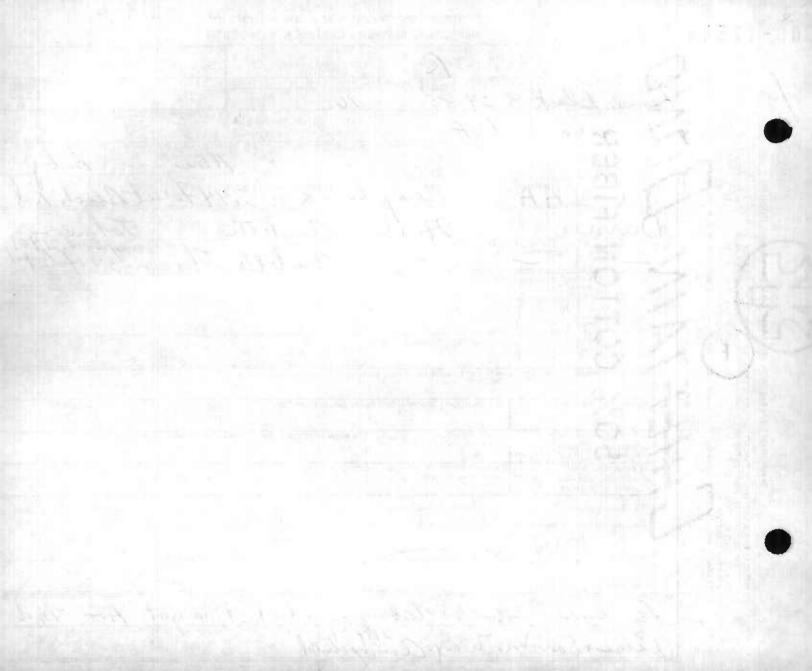
STATE OF MARYLAND



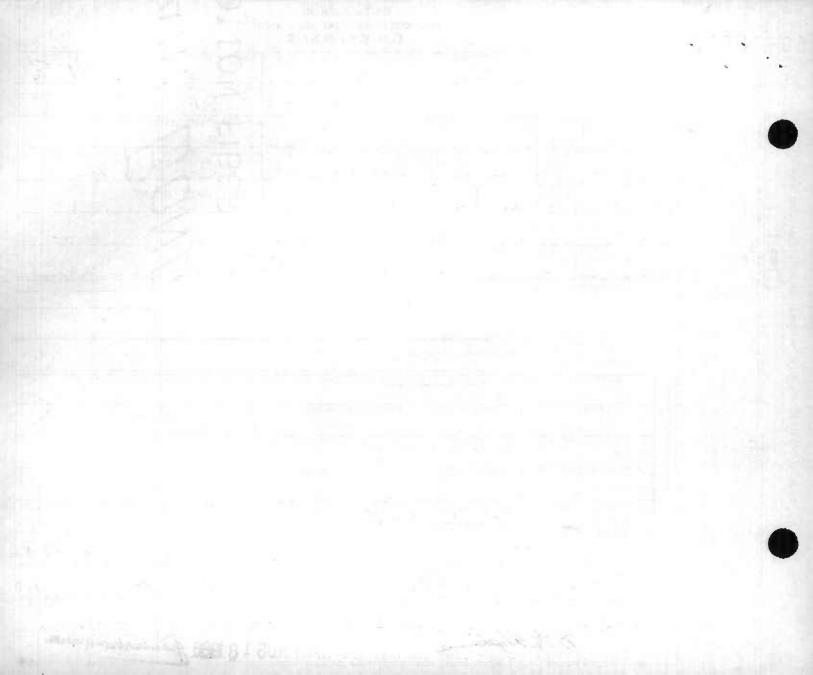
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TIMO on o		NO 216-14-59,	12 MARGARET Green 1919 VINCENT	SI
BAL		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTE BETWEEN ONSET AND	RVAL
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., NG PHYSICIAN: The law requires that the other restriction. The differ this carrificate has been signed by the other discourse the bursal-transit permit. Then please emon collections the and Mental Hygiene prior to bursal, confliction orked on them 18 shows any injury, or other trainment.			BUT-NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIE	1
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law r law r s bee	1 3	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERA	TION WAS PERFORMED 200 AUTOPSY? 200. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA	D TH?
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NDIR I or I or		220.1 certify that (I) (Nan-hospital) attended the deceased from		(we) lost
Spito CTO I for		sow the deceased alive on 19 36 obove, (1) (we) (did) (did not) view the body after death.	Jond that in (my) (our) opinion death accurred on the date and hour and from the causes str	ated
OR A DIREC DOREC Dept.		22b. SIGNATURE	DEGREE 221. DATE GIGNED	7
AL O The Odetoo of the Date D			ATTENDING AMEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	06.
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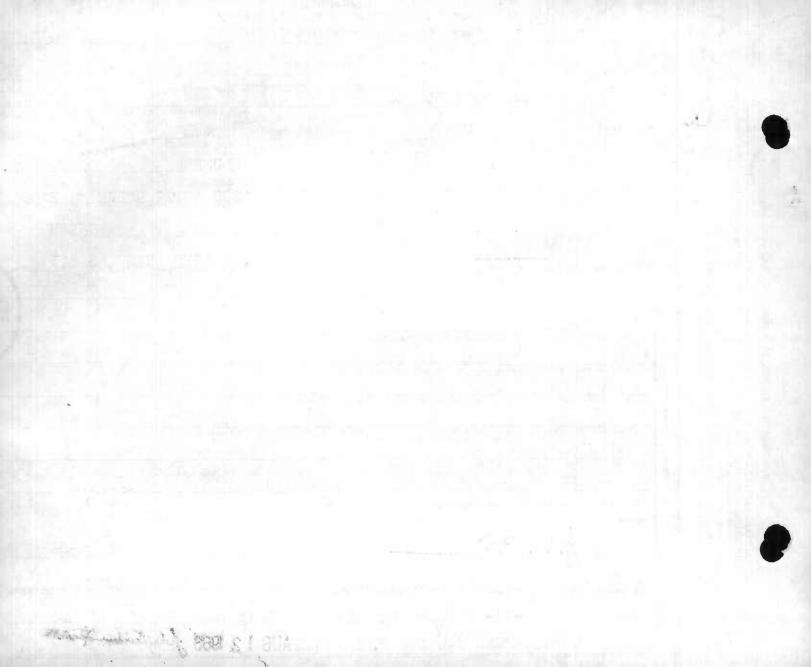
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(Physical District)	Г	PART I. DEATH WAS CAUSE	oly ane cause per line for (0), (b), and (c).) DBY: TE CAUSE (a) COR PULMONALE	RESPRATORY FAIR LIVER ONSE AND BEATH
ON THE PROPERTY OF THE PROPERT		IMMEDIAI		STRUCTIVE LUNG DISEASE - YEARS
PRES PRES PRES PRES PRES PRES PRES PRES		Canditions, if any, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF	STRUCTIVE LUNG BYSELFEE - YE HILS
201 W		underlying cause last	(c)	
MDS, 2 equive r to bu	NO	HY POTHY	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM ROIDISM DEPRESSION	MINAL DISEASE OR CONDITION GIVEN IN PART 110
A RECO	TIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED	206 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES □ NO □ YES □ NO □
Physical Phy	AL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2)
SION C	MEDIC	(IF EITHER NOTIFY MEDICAL EXAMINER	2) P.M. 19 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.) 5.TREET	CITY OR TOWN COUNTY STATE
DIVIC Pr sh ashes market	1	NOT WHILE AT WORK		
CTO 8 2 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		saw the deceased alive an		, to, to, that (I) (we) lost in death occurred on the date and have and from the causes stated
AL OR JAN		Naux L	Michel My for Ew Colemn PHYSICIAN 1	MEDICAL STAFF MEDICAL STAFF MINISTRUCTURE MINIST
PROPERTY AND	1	22d PHYSICIAN'S NAME (TYP)	REPRINTING	CI Own In My
54 5413	23a	BURIAL, CREMA UON, REMOVAL	236 DATE / 236 NAME OF GEMETERY OR CREMATORY	DI LOCATION DAPALIS TU.
BP	1	URIAL DIRECTOR	18/29/86 HILLOREST	HUNApolis HA MD
DHMH - 16 60M 7/84 (VRA 15, 4)	T	Whor Funcos	of CHADELADDRES NUMBER LINE 1250 DA	UG 2.8 1986 The Device Strain
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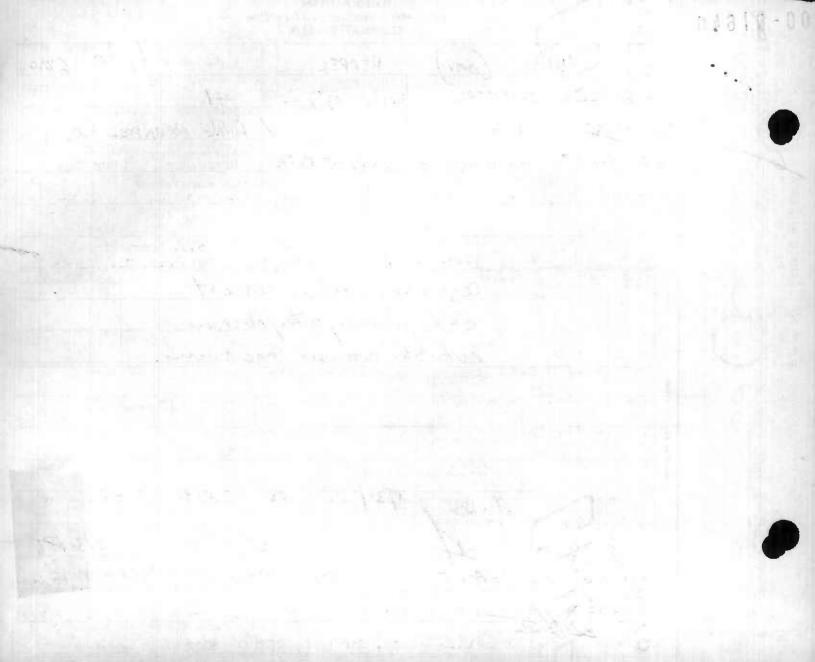
743	1.	FOR • - STATE REGISTRAR	DEPAI	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE O	2102	2
		CEASED NAME FIRST	MIDDLE	LAST		MONTH DAY YEAR	2b. HOUR
6.6	(11)	EORPRINT) EM	MA W	HART		8 1 86	6 PM
od value o	3 SE		CAUCASIAN	S. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR MONTHS DAYS YRS.	HOURS MIN.
772 loss	7a B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	BATIMORE CITY O	Pruncle	el Camo
14 to 15 to	A	MAR POLLS	11. NAME OF HOSPITAL, NUR ANNE ARME SIVE STR	SING HOME OR OTHER INSTITUTION RET ADDRESS)		ON 126 KIND OF WORKING LIFE) INDUSTRY	Smetic
hald be	11	STATE 136 CON	CITY OR TO	NO YES NOW	1257	ZIP CODE TO	SIRIA
2	14. F	ATHER'S NAME LOUIS	MIDDLE R. HAST	RT AST	WIDDLE	GARE	st
Popel Popel		WAS DECEASED EVER IN U.S. A	RRMED FORCES? 166 SOCIAL SE 2 120	93279 Joh	M HART	SAME I	海溪
physical coopera moval went, the		PART I. DEATH WAS CAUS	only ane cause per line for (a), (b), SED BY: ATE CAUSE (a)	- 11	cident	APPRO) BETWEEN	XIMATE INTERVAL LONSET AND DEATH
orbo orbo		WWW. O.		DUENCE OF			
other traum		Conditions, if ony, which gove rise to immediate couse 101, stating the underlying cause last	DUE TO, OR AS A CONSEC	U.S. T. L. Der Geren al. S. T.			
Ther ple to burn njury, or	NO NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CON	DITION GIVEN IN PART 1	la
t permit.	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FIND! IN CERTIFYING CAUSES YES	INGS USED S OF DEATH?
Mental Hygic by Item 18 sho	7	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR A.M. MONTH	DAY YEAR 19	CURRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2}	
s the burner or ked or I	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE
for use of Healt			pital) attended the deceased from 19 1000 view the bady after death.		nion death accurred an the d		tho (we) last causes stated
tal DIRE		Harry 1	pllus de -	DEGRÉE ATTENDIN PHYSICIA	IG MEDICAL STAI	FF D	1/86
should be der with the State		STANCEY P	WATIGINS U	22e ADDRESS			
- 8 8 5		BURIAL, CREMATION, REMOVA	8 5 86 2	LOUDON PAR	2 K KVID	ntom, B	et m
H - 16 60M 7/84	24 5	ONE TONCE	FH 50 100	PITCHIE HWY	"AUG 0"5"1986"	Julia Dender	n- Radaes

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		1	OR		-	ST SEPARTMENT O		ARYLAND	75	ر ا	2 1	0 4	6	
			TATE		MED	DICAL EXAM		ERTIFICA		ATH .	EG NO.		1	
10-1	5 45	1 DEC	EASED NAME	FIR57		MIDDLE		LAST		20 DATE KNO	WN XX MON	NIH DAY	YEAR	2b. HOUR
	S & S & F.	(TYPE	OR PRINT)	Kevi	n	E.	Н	erget		OF EST DEATH MAT	-		19 86	AA
	FIE FILE JOUI	3 SEX		4 RACE	5 DATE OF BIRTH	6. AGE III	YEARS IF UN	DER 1 YR. IF	UNDER 24 HRS		MON		YEAR	10:32
	DIRE DUR 72 H	M	ALE	CAUCAS	11 30	1955 LAST BIRT	YRS. MONT	DAYS F	HOURS MIN	PRONOUNCED DEAD	8	-7	19 86	a. M
	CESSARY, PLEASE FERAL DIRECTOR. OR YOUR FILES. ITMIN 72 HOURS PESTON STREET,		THPLACE (ST	ATE OR	76. CITIZEN OF WH		8 MARR	ED NEVE	R MARRIEDXIX	9. BALTIMORE	CITY OR CO	UNTY OF C	HTASC	
	NECESSARY SPOR YOUNG WINDING W		ryland	1.	U	SA	WIDOW		DIVORCED [Anne A	rundel	Coun	ity,	MD.
	TISE EN LA COMPANIE E	10 CIT	Y OR TOWN	OF DEATH		PITAL, NURSING HO		ER INSTITUTION		SUAL OCCUPATION MOST OF WORKING L		RK 12b KI	ND OF BUS	SINESS
1	2, AND 3 TO THE FURN 3. RETAILY PAGE 5/F 2. HOULD BE FILED, WI		LEN BU	JRNIE	North	Arundel 1	Hospit	al		LUMBER	,,,,		NSTR	
1 8	ANY DOUBLE STANK	USUAI 13a. ST		(IF IN NURSING HOME O		E RESIDENCE BEFORE ADM		134. INSIDE CITY	LIMITS? 13e ST	REET ADDRESS				
N	ANADA	M	ARYLAN	ID ANNI	E ARUNDE		RNIE	YESXX		08 ASTO	R DRI	VE	21	061
MD.			THER'S NAME		WIDDLE	LAST		FIRS		AE MIDDLE			LAST	
ORE,	DEATH.		DWARD		E.	HERGE		LOU	ISE			GF	REEN	
BALTIMORE	DURS AFTER DEA 1B. GIVE PAGES WITH FORM F AIT. PAGES! AN AIT. PAGES! AN E. DIVISION OC.	(YE:	NO, OR UNKNO	DEVER IN U.S. ARA	MED FORCES? WAR OR DATES)	166. SOCIAL SECU	RITY NO.	17. INFORMA			DDRESS			
M	RS AP WITH PAG DIVISI		.VO					EDWA	RD E.	HERGET	SAME		#13	
ST.,	24 HOURS AFTER TIEM 1B. GIVE PA CONG WITH FOR PERMIT. PAGES SIENE, DIVISION VAL.		PART I DE	F DEATH (Enter onl ATH WAS CAUSED	AY.	far (o), (b), and (c).)			61				PPROXIMATE WEEN ONSET	
PRESTON	TED WITHIN 24 HOUND PENCIL IN ITEM 16 NOW THE NOW 37 AMINER ALONG TALL TRANSIT PERMIT MENTAL HYGIENE, IN, OR REMOVAL.	7	913	3 IMMEDIAT	E CHOSE (G)	mpression AS A CONSEQUENCE		les of	Cnest					
REST	L HY AND		Condition	is, if ony, which	DUE TO, OR	AS A CONSCOUEN	.E OF							
× ×	NOT			e to immediate stating the under-	(b)	AS A CONSEQUENC	E 05					-		
201	N AEI	20	lying cau		DOL 10, OK	AS A CONSCOULING	.E OF							
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 'S EXECUTE THE CERTIFICATE, WRITING THE WORD" "PENDING" IN PENCIL IN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER AL TO FUNKRAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL LYRE DEATH, WITH AND MENTAL HYBORE, MARTMAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMO		PART 2 OTNER SIG	SNIFICANT CONDITIONS (ONTRIBUTING TO OFATN I	FUT NOT RELATED TO THE 1	ERMINAL DISEAS	OR CONDITION 6	GIVEN IN PART 1 In					
RECORDS,	BE E JOIN S A I													
	HEA A MEN	AT	19a DATE OF	OPERATION	19b. CONDIT	ION FOR WHICH O	PERATION W	AS PERFORM	ED?			20 /	AUTOPSY?	
DIVISION OF VITAL	SE S	CERTIFICATION											YES 🔯	NO 🗆
OF.	AEN AEN		210 EXTERNA	L CAUSE WAS	21b. TIME OF	INJURY MONTH DAY Y	21c H	OW INJURY O	CCURRED LENTE	R NATURE OF INJURY IN	ITEM 18 PART I C	OR PART 2)		
ON	ART OF THE	5	CONTRIBUTIN	NG CAUSE OF D	EATH 9: 15 XEXA.	8-7 19	86 sub	eject t	rapped	under di	rt			
N N	CER JOEP 3 SK	VED VED	21d. INJURY O		21e PLACE C	OF INJURY (AT HOME		TREET	(S)	CITY OR TOWN		COUNTY		STATE
٥	WARE PAGE		AT WORK X	NOT WHILE C	constr	uction si	te Rt	.170,00	denton,	Anne Arur	idel Co		1.	
	ATE, ATE, PORVATE, PO		22a. I certil	y that I took charge	e of the remains desc	cribed abave, held a	Autop	yXX.	Inspection .	Inquiry .	, and in m	y opinian		
	NA HELL		deoth resulte	d from: Natur	ol causes XX	Accident,	Suicide	, Homicid	le . Und	etermined manner				
	DIR WITH	-	ACTUAL	has	0			TITLE (SPE	CIFY)					
	K. A.		SIGNATURE_	AVVI	V/X)		M	Deputy	y Chief	DICAL EXAMINER	DA SK	GNED	3-8-8	5
	MOE NO	/	EXAMINER'S I	NAME Ann	M. Dixon	M D			111 Per	n St., E	Ralto .	5M	212	01
	XEC XEC							ADDRESS			,4160.7	110	2.1.2	
		(SP	RIAL CREMAT ECIFYT JRIAT	ION, REMOVAL 2		23c. NAME OF			7 23d. CI	LOCATION TY OR TOWN		COUNTY	STA	ATE
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	DHMH - 17 (VR A15 ME (5))	MO	CULLY		L HOME	237 EASI BALTIMOR	PATA E. MD		Alla 10	198	dia David	and the	ALC:	1
	(, (0/)						ne rin	- 1	200 2	1000				



00	-818	40	1 -	FOR STATE REGISTRAR	N		DEPARTM	LENT OF H	OF MARYLAI EALTH AND M ICATE OF DI	IENTAL HYGI		2 EG. NO.	0 2	3
	2 2			OR PRINT	IUNG.	/	ani)		ERPEL		20. DATE OF DE		1, 1986	6:00A M
	to a may	other	3. SE.		4. R	RACE	AL O	S. DATE O	F BIRTH	YEAR 1944	6. AGE (IN YEARS		IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
-	00 p	De l	7a B	RTHPLACE (STATE OF FO			WHAT COUNTRY?	8	- /		9. BALTIMORE	YRS	TY OF DEATH	
4	# B	7/		KOREA		USA	District of	WIDOWE		ORCED O	ANNE	ARUN	DEL CO	MD.
	1	677	10 C	TY OR TOWN OF DEA	TH 11.		HOSPITAL, NURSIN		ROTHER INSTIT	TUTION	120 USUAL OCC	MOST OF WORKING		F BUSINESS OR
5	5 5	80	CF	LN DURN AL RESIDENCE (IF NURSI	IC IN A	JORTH	ARUNDEL	CON	VINT (CNIR	Homen	aker	Own H	lome
AND 21	1.24 ho	35	13a :	iryland	A A C		13c. CITY OR TOWN	N N N N N N N N N N N N N N N N N N N	13d INSIDE CIT	NO [X	13e STREET ADD	RESS / ZIP COI		044
8YL	1 9	スカフ	14. FA	THER'S NAME FIRST	MIDE	DLE	LAST	5150	15. MOTHER'S	MAIDEN NAM		DDIE	LAS	ır
M.	p di	E OKC		Eyong			Yi	With the	Po			100B544	Lee	
IMORE	Description of	regio /	160 V	vas deceased ever i ves no or unknown) No	O U.S. ARMED (IF YES, GIVE WA NA		214.80.1		Mr. Da	™(Broth niel Y:		434 Pen lumbia.	ny Place	1045
T. BAU	tificate I physicia	mpoper moral went, the		18 CAUSE OF DEATH PART I. DEATH WA	(Enter anly a AS CAUSED B'	Υ.	line for (a), (b), and Pespina H		cardie	às a	nest	1	APPROXI BETWEEN	IMATE INTERVAL ONSET AND DEATH
IDS, 201 W. PRESTON	signed by the bach of	to buried and or of our of the fact of the	NO	Conditions, if any, gave rise to imm cause (a), stating underlying cause	ediate g the last	(c)	R AS A CONSEQUE R AS A CONSEQUE MEXALTIME DITTIBUTING TO D	NCE OF	variou		Mseev neimon		SIVEN IN PART 110	
N RECOS	No. Oak	19	TIFICATI	190 DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATION	N WAS PERFOR	RMED	200 AUTOPS	IN CERT	ES, WERE FINDIN	NGS USED OF DEATH?
OF VITA	CIAN T g physic erticole	5	AL CER	210. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEATH		FINJURY M. MONTH DA M.	Y YEAR	21¢ HOW INJ	URY OCCURRE	D (ENTER NATURE	OF INJURY IN ITEM 18	PART I OR PART 2)	
NOISINI	Othersdin tur this o	a the bur and Me	MEDIC	21d. INJURY OCCURR	ED II	21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE FA	ARM, ETC }	211 LOCATION	N	CI	YORTOWN	COUNTY	STATE
۵	TENDIN artal or TOR, Af	of Health of Health 21 is mo		22a 1 certify that (I) saw the decease	d alive an	210	186 M	8/31	d that in (my) (, 19 <u>86</u> aur) apinian d	eath accurred a	the date and h	, 19 <mark>86</mark> , aur and fram the	that (I) (we) last causes stated
	TAL DR A	defacted fare Dept.		abave, (I) (we) (d	a a.	K	III	C	PI		MEDICAL DIRECTOR	STAFF PHYSICIAN []	224. DATE	SIGNED 8/86
	O HOSPI etomed b	MPORTAN		GORA	A.	PRA	ALE E		1404	CRA	IN H		ENBER.	NEMO
	BP	-		SURIAL, CREMATION, I SPECIFY) Buria			1986 Me	adowr	idge Cei	metery	23d LOCATIO	ge	Howard	Maryland,
	DHMH - 16 5 (VRA 15			ingleton F	uneral	Home	Glen Bur	nie,	Marylan	ed SFF	The second		STRAR'S SIGNAT	



070	1.	FOR - STATE REGISTRAR	DEF	PARTMENT OF HE CERTIFI	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	REG. NO.	O Z 4
376		CEASED NAME FIRST MARY	L.	HOFFN		AUGUST MONTH	10, 1986 248 PM
ge 4 may	3 SE	× Female	4. RACE White	5. DATE OF	BIRTH DAY OI	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
ment Pog		IRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUN	MARRIED WIDOWED	NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR CO	
650	10. C	GLEN BURNIE	11. NAME OF HOSPITAL, NORTH ARUN	JURSING HOME OF	OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Homemaker	126 KIND OF BUSINESS OR
filled in food be to make the filled in the	13a.	AL RESIDENCE (IF NURSING HOME O STATE 136 COU aryland A	NTY 13c. CITY OI		13d. INSIDE CITY LIMITS? YES NO X	13e.STREET ADDRESS / ZIP / 209 Lake Roa	
mplerely (42 Shring)	14. F.	ATHER'S NAME PIRST David	MIDDLE H. LA	oward	IS. MOTHER'S MAIDEN NAM	P. MIDDLE	Della Della
oe execut nn and ca n. Pages 1	160	WAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	05 6852	Mary D. Zamo	stny Sam	e as 13e
physicio nopopers moval.		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS)	nly one couse per line for (17) ED BY: ITE CAUSE (0)	APVA	for are	A T	APPROXIMATE INTERVAL BETWEEN ONSE AND DEATH
t the death ce t the attending e remave carbo cremation, ar a		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CON	SEQUENCE OF	el policy	norey	2 months
equires that the signed by the Then please retaburial, crem	NO		CONDITIONS CONTRIBUTION	G TO DEATH BUT P	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	N GIVEN IN PART 110.
The law re-	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATION	I WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\bigcup \text{NO} \)
IYSKIAN: The ding physicia is certificate h burial-transit p Mental Hygiei or frem 18 sha	/	?10. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINÉ	HOUR A.M. MONT	H DAY YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITE	M 18 PART : OR PART 2)
DING PHYS or attending After this cleas the bur oilth and Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, (OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
OR ATTENDIN te haspital ar DIRECTOR: Af ached far use a Dept of Healt		17s.1 certify that It I were horn saw the deceased division	most attended the deposed of view the pool of the depth.	6 oh	that in (my) (our) opinion o	, to	9, that (we) lost d hour and from the causes stated
ERAL Stote		224 PHYSCIAN WAVE UPE		/		DIRECTOR PHYSICIAN [AVENUE
TO HOSP TO FUNE should be with the S	23a.	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	GEHLERT, M. D 1 236. DATE 8/13/86		METERY OR CREMATORY ILL Cemetery	RE, MARYLAND 2	ADUNA. MOTE
DHMH - 16 60M 7/84		uneral director		es Hewy B	250. DATE	REC'D. BY REGISTRAR 250 R	EGISTRAR'S SIGNATURE

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526	1-	FOR STATE REGISTRAR			0017		EALTH AND MENICATE OF DEA		REG.	NO.		ED	Т
		CEASED NAME	FIRST	Mil	DDLE	L	AST	20	. DATE OF DEATH	MONTH	DAY YEAR	2b. HOU	JR .
ar deoth	(****	RAYMON		T		HOLME		JR	AUGUST	14	1986	507	AN
	3. SEX	Male	4.	White		5. DATE C	. 20, 192		AGE (IN YEARS LAST)	BIRTHDAY) YRS.	MONTHS DAYS		24 HRS
a Tark	7a BIF	RTHPLACE (STATE OR FO	PREIGN 76	U.S.A		TRY? 8. MARRIEI WIDOWE	D XX NEVER MAR	RIED 🔲	BALTIMORE CITY	OR COUNT	L COUNT	v	N
37	10. CT	TY OR TOWN OF DEAT	Е	1. NAME OF HO	OSPITAL, NU FACILITY, GIVE S ARUNDI	IRSING HOME O	OR OTHER INSTITU	TION 12	usual OCCUPA type of work for mos Carpente	ATION TOF WORKING	12b KIND	OF BUSINE	
3	13a. S	AL RESIDENCE (IF NURSING TATE	NG HOME OR OT 13b. COUNT	Υ 1	Pasde	TOWN) [X]	street address 475 Cen	s/zipcoi ter St	DE t. 21	122	
20		Raymond	MI	T.	Holme	s Sr.	15 MOTHER'S MA Emma	AIDEN NAME	WIDDLE		Faurm	an an	X
the medical	(Y	VAS DECEASED EVER IT VES, NO OR UNKNOWN) YES		WAR OR DATEST	166. SOCIAL S 212-18	SECURITY NO. 3-5055	Helen N	N. Holm		as 13	3		
oave corb otion, ar i raumatic		Conditions, if ony,	which	DUE TO, OR	1000	Wand EQUENCE OF		9	ncer				12
os decir synta de considera de considera de prior ta burial, cremation, xs any injury, ar other traum	IFICATION		which ediote of the lost.	DUE TO, OR (b) DUE TO, OR (c) DNDITIONS COI	AS A CONSI	EQUENCE OF TO DEATH BUT		THE TERMIN	AL DISEASE OR CO	20b. IF Y	res, were find Tifying cause	INGS USE	D TH?
ental Hygiene prior ta burial, crem	ICAL CERTIFICATION	Conditions, if ony, gove rise to immicouse 101, stotling underlying couse PART 2. OTHER SIGN 19a DATE OF OPERATI 21a, ACCIDENT WAS UNDED OR CONTRIBUTING CONT	which ediote of the lost. IFICANT COMIC ION ERLYING AUSE OF DEATH AL EXAMINER)	DUE TO, OR (b) DUE TO, OR (c) DIDITIONS COI 19b CONDIT	AS A CONSI	EQUENCE OF TO DEATH BUT	NOT RELATED TO N WAS PERFORMI 21c. HOW INJUR	THE TERMIN LISEU ED	AL DISEASE OR CO	20b. IF Y	YES, WERE FIND TIFYING CAUSE YES []	INGS USE	D TH?
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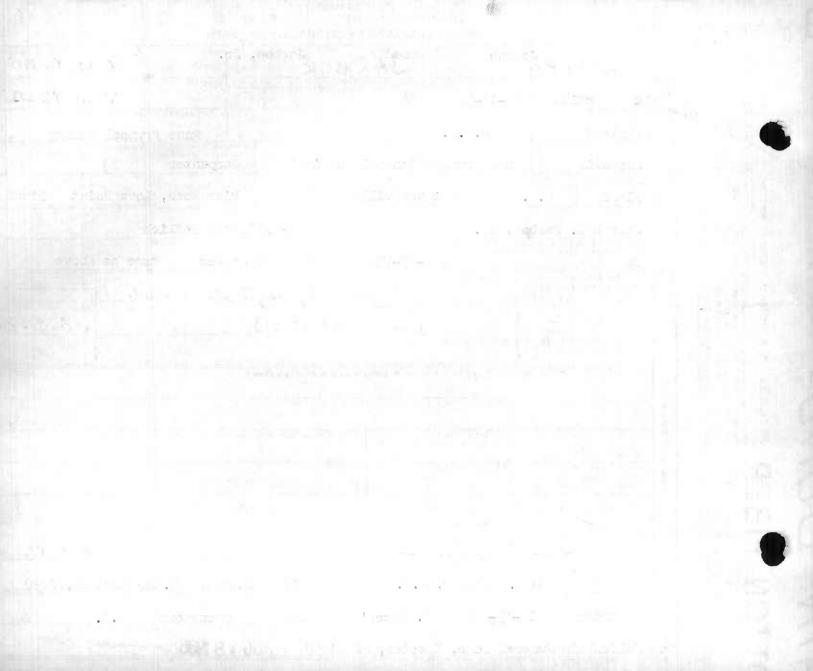
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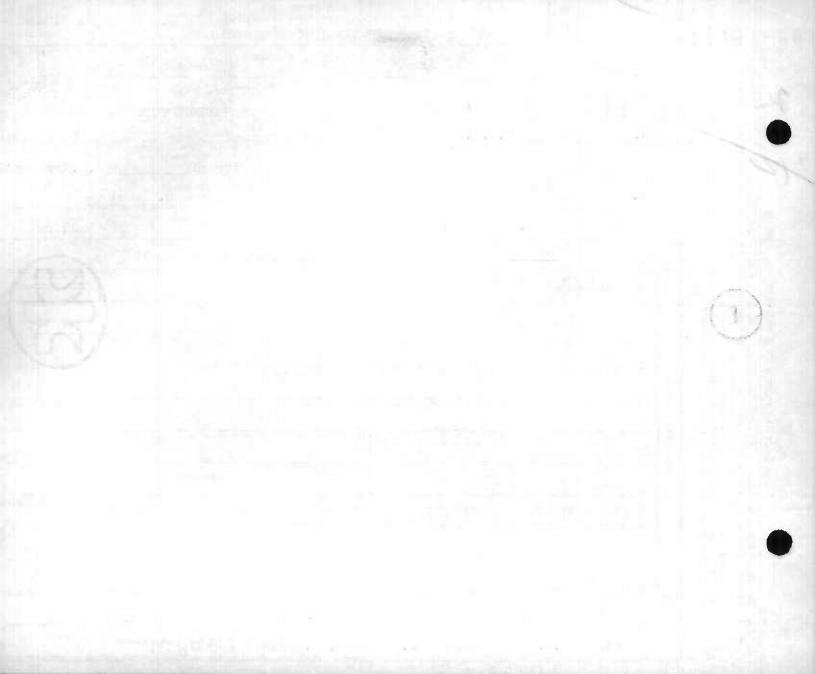
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	TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL C AFTER DEATH, BALTIMORE M	-	EXAMINER'S N	IAME Gr	regory R. I	Kauffman	, M.D.	ADDRESS_	111	Penn S	t.			
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07/8	4 BP		Buri		8/15/86	Glen I	Haven Me			Glen B		A.A.	Md	
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DIVISION OF VITAL RECORDS.	been prior		CERTIFICATION	190 DATE OF OPERATION	196 CONDITION	FOR WHICH C	PERATION	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W	ERE FINDIN	IGS USED
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				sow the deceased alive on above (Liewe) (did raid no	I view the body after	death.	, on	d that in (my) Jour) opinio	on death accurred on the	date and hour or	nd from the c	couses stated
10	OR AT DIRECT DORECT Doept. of Hem.			27L SIGNATURE	1,1		1	DEGREE			22t. DATE S	SIGNED
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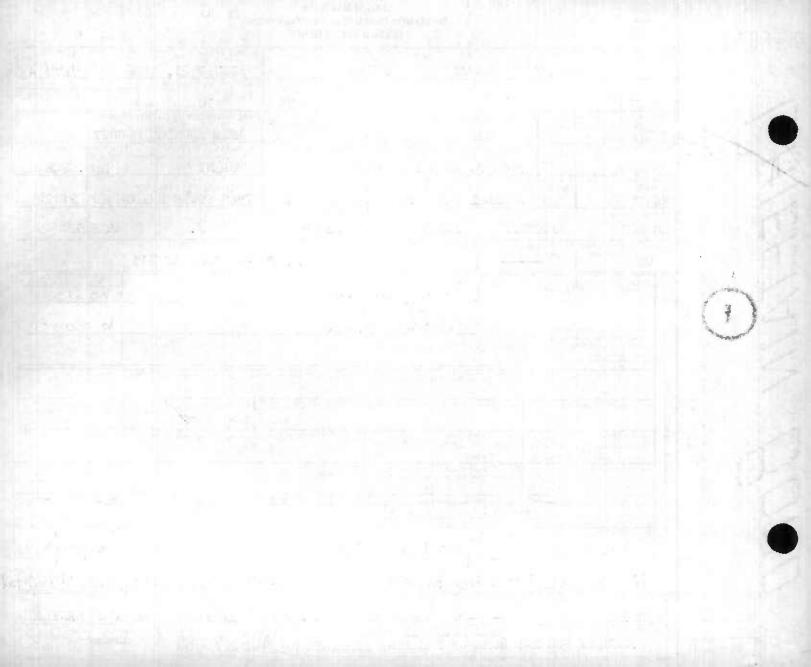
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO MIDDLE 2a. DATE KNOWN 1. DECEASED NAME 26 HOUR (TYPE OR PRINT) ESTI-DEATH MATED Roger Wallace 23 1986 Johnson 4 RACE SEX 5. DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY) MONTHS PRONOLINCED 10:21 Male White July 10, 194' DEAD 3 GYRS 23 1986 Th CITIZEN OF WHAT COUNTRY TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY U.S.A. DIVORCED Anne Arundel County Md. ID CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 128 USUAL OCCUPATION (TYPE OF WORK 112h KIND OF BUSINESS FOR MOST OF WORKING LIFE! Glen Burnie North Arundel Hospital Fireman . AFire Dept. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 36 COUNTY 13d INSIDE CITY LIMITS TO 13e STREET ADDRESS Anne Arundel 918 Pine Rd. 21061 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Walter Johnson Shirley Wallace 7 INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) 214-44-5261 Cheryl Johnson same as 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19s. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES EX NO [71g. EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21f. LOCATION 71d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK XX 22s. I certify that I took charge of the remains described above, held an and in my apinion death resulted from: Undetermined manner TITLE (SPECIFY) **ACTUAL** Assistant MEDICAL EXAMINER 8/24/86 SIGNATURE EXAMINER'S NAME Charles P. Kokes, M.D. 111 Penn St. Balto.MD. (TYPE OR PRINT) ADDRESS 234 NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION STATE Burial 8-26-86 Meadowridge Mem. Park 07/B4 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 25M 24 FUNERAL DIRECTOR **DHMH - 17** McCully F.H.3204 Mountain Rd. Pasadena, Md. (VR A15 ME (5))



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ASSESS A		Delawar			0011			WED [DIVORC							ounty MD			
PAGE FIEE	A.	Glen Bu	ırnie		1). NAME OF HOSPITAL, NURSING HOME, OR O (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) North Arundel Hosp.				sp.	HER INSTIT	UTION	FOR A	AOST OF WO				126 KIND OF BUSINESS OR INDUSTRY Carpenter Union t. Apt 104		
AND 3 AND 3 RETAIN	130	AL RESIDENCE STATE [aryland	138	. COUNTY	TO. GIVER RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN Glen Burnie			'N	13d INSIDE		13e STRE 73	61 R	ess idgev		061				
RE, MO.	4	ATHER'S NAME Albert			P.		Mi	LAST Lngini	, Sr.		HER'S MAIDE FIRST Anna			MIDDLE Joan			Wri	ast ght	
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TO MEDICAL EXAMINER: T RECUE THE CERTIFICATE, AGE 4 SHOULD BE FORM O FUNEAL DIRECTOR: P FTER DEATH, WITH THE ST ATTMORE, MARYLAND, 2		22a. I certifi deoth results			of the re-	[]	Acciden	bove, held a	Suicide X	TITLE	Inspection	Undete	Inquiry ermined m	nanner [],	my opi			
RATION OF THE CALL	4	SIGNATURE_	11	le	-	7	-	_		ADASS	istant	MEDI	CALEXA	MINER		DATE SIGNED	9	-1-8	6
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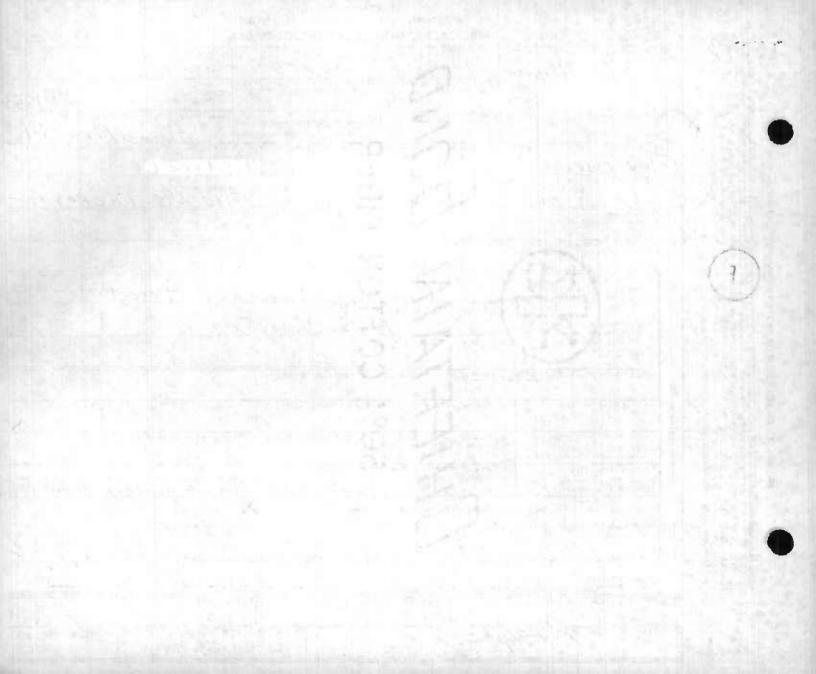
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IMORE,	16a. \	WAS DECEASED EVER		WAR OR DATES)	SOCIAL SECUR	RITY NO.	LE RO	мт Y М. JO	NES S	ADDRESS AME AS	#13		
PRESTON ST., BALTIMORE, MARYLAND con and completely fille con control peris. Pages 1 and shooten		18 CAUSE OF DEAT PART I. DEATH V	IMMEDIATE		A CONSEQUE	NCE OF,						hou	ate interval user and death
201 W.		Canditions, if any gave rise to im cause (a), stati underlying coust	mediate ng the e last.	DUE TO, OR AS		NCE OF	OM C	TO THE TERMI	NAL DISEASE	OR CONDITI			
DIVISION OF VITAL RECORDS, INC. PHYSICIAN: The law requirement of the certificate has been significant to the law and Manntol Hygieron prior to be or the doctor of them. If them is the man of them is the stress or them.	CERTIFICATION	19a DATE OF OPERA	ATION	196 CONDITION	FOR WHICH (OPERATION	I WAS PERFO	RMED	20a AUTOF		b. IF YES, WER I CERTIFYING YES		
OF VITA		210. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOTIFY MED	CAUSE OF DEAT	HOUR A.M.		Y YEAR	21¢ HOW IN	JURY OCCURR	ED (ENTER NATU	RE OF INJURY IN	ITEM 18 PART I O	R PART 2)	
OVISION of mention of the burner of the burn	MEDICAL	216 INJURY OCCUR	HILE []	21e PLACE OF IN (AT HOME STREET, FA		RM, ETC)	211 LOCATIO			CITY OR TOWN	C	OUNTY	STATE
ATTENDS upplied or CTOR, A from user of Health		22a.1 certify that (I saw the decease above, (I) (we) (sed alive an_	attended the dec	198	6 , on	d that in (my)	, 19 <u>93</u> (our) opinion d	eath accurred		and hour and	liam the co	nat (I)-(we) lost ouses stated
Mary DRE Searches House Dept.	-	22b. SIGNATURE	اعما	9 hor	raho	2m	The last	TTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN		C Z	IGNED
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BP	23a	BURIAL, CREMATION (SPECIFY) BURIAL	, REMOVAL	236. DATE 8-23-8			DGE ME			RTOWN	HOWAI		ARYLAND
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	UNERAL DIRECTOR	FUNER		OUNTAIN	N ROA		25e. DATE	REC'D. BY REAL PROPERTY OF THE	GISTRAR 25b.		SIGNATE	SE .



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	E ESSARY, PLEASE IN ERAL DIRECTOR. DR YOUR FILES. WITHIN 72 HOURS PRESTON STREET,	15	REIGN COUNTRY)	11.5	, A	WIDOWED -	DIVORCED	A. A			MD.
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DIVISION OF VITAL RECORDS	A A S A S CREET	CERTIFICATION									
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	W C W C W C W C W C W C W C W C W C W C	-	EXAMINER'S NAME			ADDDESCO		01.6			
	TO MEDICAL EXAMI EXECUTE THE CERTIF PAGE 4 SHOULD BE TO FUNERAL DIREC AFTER DEATH, WITH BALTIMORE, MARYL	77- 9	(TYPE OR PRINT)	3b DATE	PAL MANE OF	EMETERY OR CREMA		CATION C		10 210	1
			PECIFY)	S / 10	86 md 1	7		OCATION OR TOWN	COUNTY	STATE	na
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		FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE	1000
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- de de	10	oonali'a	(IF NOT IN SUCH FACILITY, GIVE TREET ADDRESS) (DIP OF WORK FOR MOST OF WORKING LIFE)	INDUSTRY
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N OF VIII		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH DAY YEAR	t I OR PART 2)
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300 00			ital) attended the deceased from Sept 1985, to Ava 9 15	that (I) (we) lost
	1.3	sow the deceased alive or above, (1) (we) (did) (did no	AUQ 8 19 86 , and that in (my) (our) opinion death occurred on the date and hour of	and from the couses stated
W 4 W 9 0 9	- 0	226. SIGNATURE	DEGREE	22c. DATE SIGNED
75 750 7		SACTOR	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	8/10/86
HO Puld		Straut E.	Selonick, M.D. 120 ADDRESS Sumulin St. Annapolis	, und. 21014
5 5 5 4 3 X	23a	URIAL, CREMATION, REMOVAL	236. DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION	COUNTY STATE
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DHMH - 16 60M 7/B4	24	INERAL DIRECTOR	250 DATE REC'D. BY REGISTRAR 19 REGISTE	IR'S SIGNATURE
(VRA 15, 4)	10	ylor lunem	1 Chapel-Honapolis MI) 1 20014 500	Idon - Shahara

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e 4 may be ctor, page s after deat	3. SE	Female	4. RACE White	5 DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	J. 00 / M
		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR CO	TAG .
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n ond c	(VE WAR OR DATES) 188-10-5	031 Marion K	. Carr-	Same las
ST., BALT		PART I. DEATH WAS CAUSE	nly ane cause per line for (a), (b), on ED BY: TE CAUSE (a)	- Respiratory (Parent	APPROXIMATE INTERVAL RETWEEN ONSET AND DEATH
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Accords, 20 Iow requires to been signed bermit. Then pie prior to burious sony injury, or	CERTIFICATION	PART 2. OTHER SIGNIFICANT	Gastro-Aute	DEATH BUT NOT VELATED TO THE TER	20a AUTOPSY? 20b	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
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AL OR ATTEN y the hospital AL DIRECTOR detached for up one Dept. of He AL W. H tem 21 is		27b. SIGNATURE	Na Thanks	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
TO HOSPITAL OF FEBRUAL BY TO FUNERAL BY Should be deto with the Store ELIMPORTANT. If		BARRY T.	NATHANSON	JMA 51 FRANA	KLIN ST. +	WWAP My.
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FOR STATE REGISTRAR			DEPARTN		EALTH AND A		IENE REG	. NO.	, 0	EDT
. DECEASED NAME (TYPE OR PRINT)	FIRST		AIDDLE		AST		20 DATE OF DEATH		DAY YEAR	26 HOUR
AUDRE	EY	EDNA		KELLI	ENBERGE	3	AUGUST	27,	, 1986	630 F
I. SEX		4. RACE		5. DATE C			6. AGE (IN YEARS LAST	BIRTHDAY	IF UNDER 1 YEAR	HOURS ME
Female		White		Jan	. 30,	1916	70	YRS	MONTHS DATS	HOURS MI
O. BIRTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER M	APPIED YY	9 BALTIMORE CIT	OR COUNTY	Y OF DEATH	
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O. CITY OR TOWN OF DEA	TH		HOSPITAL, NURSIN		R OTHER INST	ITUTION	12a. USUAL OCCUP			F BUSINESS
GLEN BURNI	Œ	NORTH	ARUNDEL	HOSP:	ITAL		Homemake		Own	Home
USUAL RESIDENCE (IF NURS) 130. STATE MD	136 COUN	ITY	GIVE RESIDENCE BEFORE 13¢ CITY OR TOWN Glen Buri	N	13d. INSIDE CI	TY LIMITS?	13e STREET ADDRES		21061	
Frank	- 1		Kellenberg	_	Hele	rirst n	G.		Knau	ff
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couse (a), stating underlying couse		DUE TO, O	R AS A CONSEQUE	NCE OF						
		(c)								
PART 2. OTHER SIGN	I FICANT C	CONDITIONS <u>CC</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CO	ONDITION GIV	VEN IN PART 110	5
No DATE OF OPERAT	ION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?		S, WERE FINDIN	

24 FUNERAL DIRECTOR

CER

21b. TIME OF INJURY

216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 7)

COUNTY

0 1 2 2 9

210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21e PLACE OF INJURY

19

CITY OR TOWN

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 220.1 certify that (1) (this hospital) attended the deceased from

211 LOCATION

sow the deceased alive on above, (I) (we) (did) (did no) view the body after death. 22b. SIGNATURE

DEGREE ATTENDING

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED

STATE

22d. PHYSICIAN'S NAME CTYPE OF

MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN 22e ADDRESS

OAKWOOD RD, SUITE 200

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 23b. DATE

231 NAME OF CEMETERY OR CREMATORY Glen Haven Mem

23d LOCATION Glen Burnie

COUNTY STATE MD

FUNERAL

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached for use as

MPORTANT:

James S. Kirkley Glen Burnie MD 21061

30 August 86

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21101	h	5	ALOR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 mm, with may be the hospital or attending physician.	AL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in the present and another and another death and Americal Hospitals and American Amer
1			the ho	AL DIRE

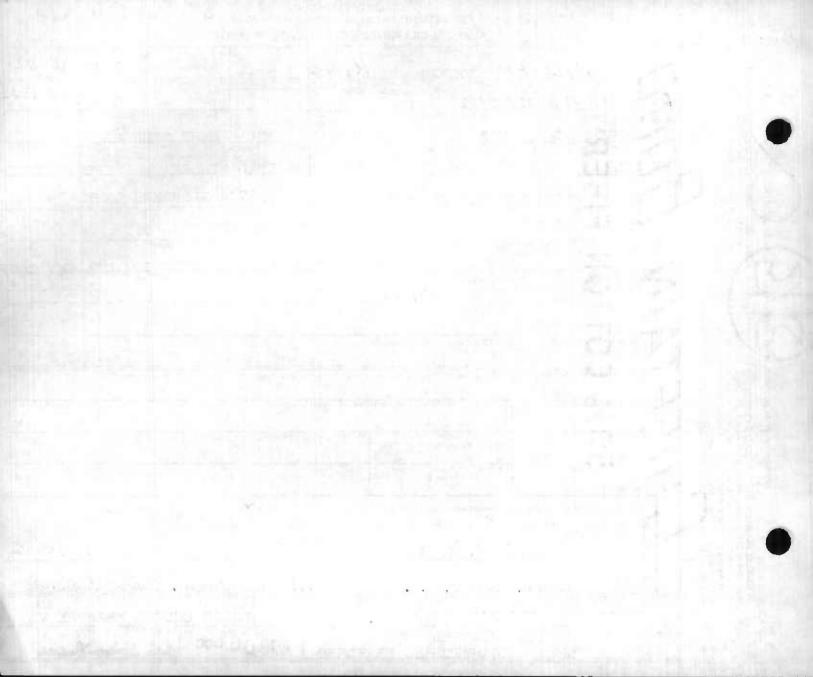
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH DECEASED NAME 2b. HOUR TTYPE OR PRINTS Aug. 11. 1986 Charles Arthur Kesner, Jr. 3. SEX 4. RACE 6. AGE (IN YEARS LAST BIRTHOAY) IF UNDER I YEAR IF UNDER 24 HRS White /1925 Male YRS 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ISTATE OR FOREIGN MARRIED A NEVER MARRIED Anne Arundel Co. Marvland DIVORCED | WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR GLOTIA AV (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Linthicum Smith Mechanic UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
13b. COUNTY
13c. CITY OR TOWN 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13. STREET ADDRESS / ZIP CODE 1214 GLOria Ave., 21090 Maryland nne Arunde YES 🗍 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE FIRST Smith Charles Arthur Kesner. Sr. Blanche ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT IYES, NO OR UNKNOWN) 236-28-607 Charlotte L. Kesner Same as no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY Orostatic IMMEDIATE CAUSE (0) MUTAS to 40 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (0), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 IFICATION. 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 70n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES T NO T 21b. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY COUNTY CITY OF TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 27a | certify that (1) (this heapfful) attended the deceased from sow the deceased ofive on. and that in (my) (out) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (diet) (did not) view the body after death 276 SIGNATURE DEGREE 22c. DAJE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN should be der with the Stote 22d. PHYSICIAN'S NAME LTYPE OF PRINT Dr. Gormley. M.D. St. Agnes Hospital, Balto., Md. 21229 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY Entombment 8/15/86 Cedar Hill Maus. Balto., 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **74 FUNERAL DIRECTOR**

Md.

DHMH - 16 50M 4/83 (VRA 15, 4)

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	AN A	Va. Bi	RTHPLACE (STATE OR		22/21 ZEN OF WHAT		RS.	45	DEAD	RE CITY OR C	OUNTY OF C	FATH	M
•	SERVE L	WA:	REIGN COUNTRY) SHINGTON DC	1	USA		WIDOW		ED ANNE	ARUNI	DEL	LAIII	MD.
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TIMOR	VEPAGE NOW CHER DISTRICT	16a. V (Y	VAS DECEASED EVER IN U.S. A ES. NO, OR UNKNOWN) (IF YES, GIV	RMED FOR	CES?	66 SOCIAL SECURI		17 INFORMANT		ADDRESS			
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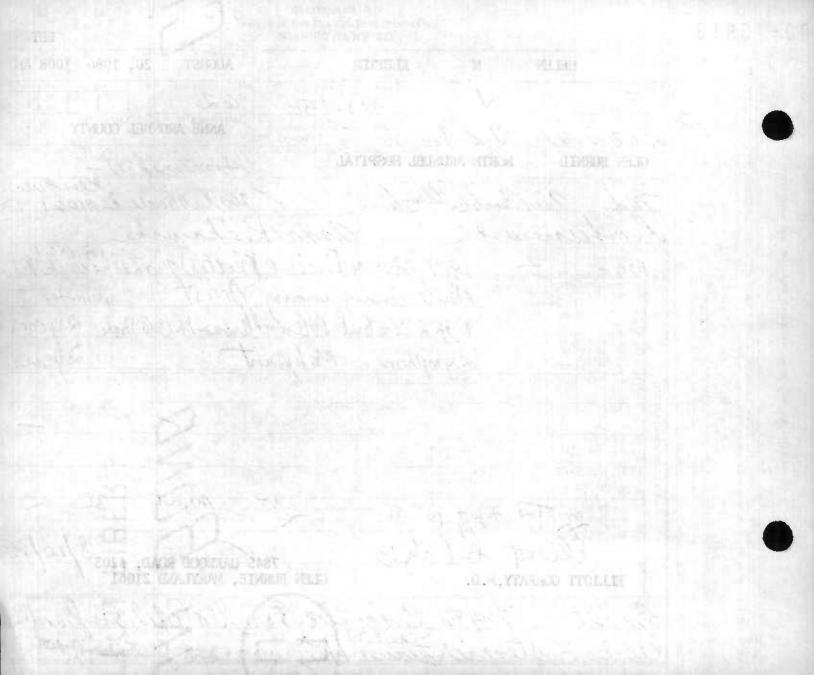


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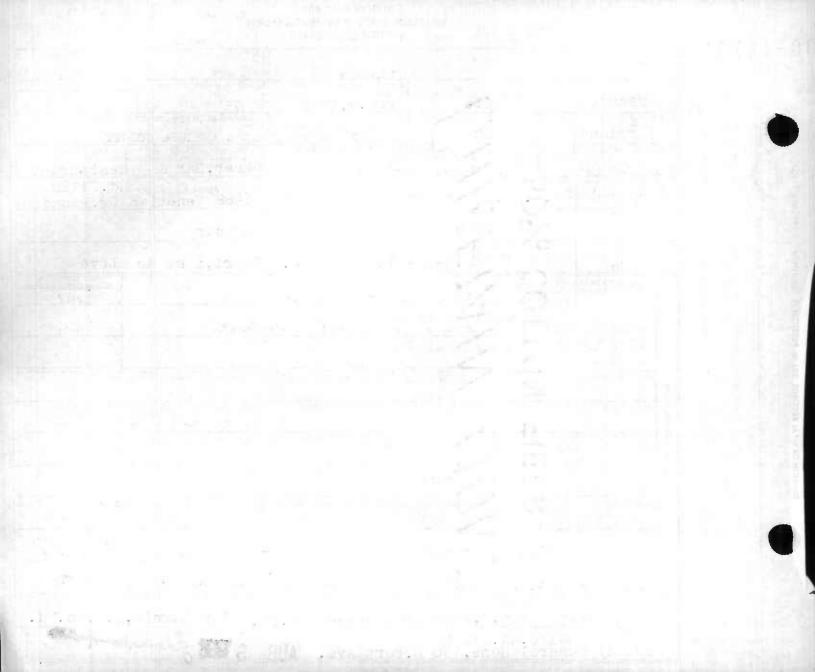
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Ş	BP	1	230 E	SURIAL, CREMATION, REMO	DVAL 236 DATE 8/28/86		EMETERY OR CREMATOR aven Park	234 LOCATION CITY OR TOWN Glen Bu:	rnie A.A	A Md
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9a. DATE OF OPERA	ATION	196 CONDITIO	N FOR WHICH	OPERATION W	AS PERFORMED	200		ERTIFYING CAUSE	ES OF DEATH?
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21a. ACCIDENT WAS UN		216. TIME OF IN		AY YEAR	IC HOW INJURY C	OCCURRED (EN	ER NATURE OF INJURY IN ITE.	M 18 PART I OR PART 2	
(IF EITHER NOTIFY MED	DICAL EXAMINER)	P.M.		19					
21d. INJURY OCCUR		21e. PLACE OF I			f. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
AT WORK AT WO	WHILE U								
						86, to_	-		, that (1) (we) last
saw the decease above, (1) (we) (osed alive an_	view the bady offe	19 er death.	, and th	nat in (my) (aur) a	pinion death ac	curred an the date and	d haur and fram th	ne causes stated
226. SIGNATURE	~	1 -		DEG		113			TE SIGNED
Pabre	na X	Benjames	U	1	ATTEND PHYSIC	IAN DIREC	TOR PHYSICIAN	8 81	Aug 86
22d. PHYSICIAN'S N	NAME (TYPE OR	PRINT)		22	a ADDRESS				
								-	
	N, REMOVAL	23b. DATE	23c. N	NAME OF CEME	ETERY OR CREMA	TORY 23d.	OCATION		
URIAL CREMATION SPECIFY) Cremat		23b. DATE 8-8-8			etery or crema		CITY OR TOWN Saltimore	Balt.	Md.
	while Not AT work at w	WHILE AT WORK 220.1 certify that (1) (this hospital saw the deceased alive an abave, (1) (we) (did) (did nat) 22b. SIGNATURE	while NOT WHILE AT WORK 22a. I certify that (1) (this hospital) attended the disaw the deceased alive an abave, (1) (we) (did) (did not) view the bady offi	WHILE AT WORK	WHILE AT WORK AT WORK (1) (this hospital) attended the deceased fram 200 years of the deceased alive an abave, (1) (we) (did) (did nat) view the bady offer death. 22b. SIGNATURE DEC	WHILE AT WORK AT WORK (1) (this hospital) attended the deceased from 2 JUV, 19 saw the deceased alive an 8 Aug 86 19, and that in (my) (aur) a abave, (I) (we) (did) (did nat) view the bady offer death. 22b. SIGNATURE DEGREE ATTEND PHYSIC	WHILE AT WORK AT WORK (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 120.1 certify that (1) (this hospital) attended the deceased fram 12 JULY 19.86, to asay the deceased alive an 8 Aug 86, 19, and that in (my) (aur) apinion death acrossove, (1) (we) (did) (did not) view the bady after death. 120. SIGNATURE 121. DEGREE 122. ATTENDING MEDIC PHYSICIAN'S NAME (TYPE OR PRINT) 122. ADDRESS	WHILE AT WORK	WHILE AT WORK

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	1.	FOR STATE REGISTRAR		DEPARTN	ENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	SIENE S D	2 1	0 4 3
-14/54		CEASED NAME FIRST		WIDDLE	l	AST	20. DATE OF DEATH	MONTH DAY	YEAR LESTUR
noy be		CATHERINE		L		BDIN	AUGUST 5		1:25P M
or. p	3. SE		4. RACE		5 DATE C	DAY YEAR	6. AGE JIN YEARS LAST BIRT		DAYS HOURS MIN.
The contraction of the contracti	100	Female	Whi		Dec	.9,1910	75	YRS.	
deoth. P		RTHPLACE (STATE OR FOREIGN Maryland	U	SA	WIDOWE		ANNE ARUND	EL COUNTY	
Port of the Port o		EN BURNIE	(IF NOT IN SU	HOSPITAL, NURSING CHEACILITY, GIVE STREET A ARUNDEL HO	DDRESS)	AL	Owner, Bar	F WORKING LIFE) INDL	CIND OF BUSINESS OR USTRY Staurant
filled in ould be f	130	at residence (if nursing home state aryland 136. So	OR OTHER INSTITUTION	n. GIVE RESIDENCE BEFORE 131. CITY OR TOWN Pasaden	ADMISSION)	13d INSIDE CITY LIMITS?	136 STREET ADDRESS / 1968 Ven	ZIP CODE Md	
mpletely od 2 sh	14. F/	ATHER'S NAME FIRST	****Unkn	own LAST		15. MOTHER'S MAIDEN NA	ME Unknown		LAST
n ond co		WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) IF YES,	ARMED FORCES? GIVE WAR OR DATES)	70.00		17. INFORMANT Faith J.Ca	ADDRE alvert,Sam		ove
s certificate b ding physicio or removal.		18. CAUSE OF DEATH (Enter PART I, DEATH WAS CAU IMMED	IATE CAUSE (o)	1 0	enn	Shock		. 96	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
quires that the death certisigned by the ottending phen please remove corbon to burial, cremation, or renijury, or other troumotic ev	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICAN	((c)_	OR AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVEN IN P	ART Ito
he low recon. hos been to permit. I ene prior to ows ony in	CERTIFICATION	198 DATE OF OPERATION	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	206 AUTOPSY?	206. IF YES, WERE IN CERTIFYING C	FINDINGS USED AUSES OF DEATH?
StCIAN: Tog physici of physici certificate entol Hyge entol Hyge them 18 sh	-	?1g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMI	DEATH HOUR A	OF INJURY J.M. MONTH DA P.M.	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART I ORP	'ART 2)
NG PHY ottendii frer this os the bu th ond M	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE, FA	RM, ETC)	211 LOCATION STREET	CITY OR TO	wn cou	INTY STATE
Spitol or CTOR: A for use of Heali		220.1 certify that (I) (this has sow the deceased alive above, (I) (we) (did) (did	on 8-5	198	2-2- or	nd that in (my) (our) opinion	death occurred on the do	ote and hour and fro	, 11101 (11 (110)
y the ho y the ho RAL DIRE detoched fore Dept.		276. SIGNATURE	200	nf	mi		MEDICAL STAF		DATE SIGNED
TO HOSPITAL retoined by th TO FUNERAL should be deto with the State IMPORTANT: II		Dr. Sang Doh		/		95 Aquahart	Road Glen B	Burnie, Ma	1791261
₽ ₽ ₽ ₩ 3 3	23a	BURIAL, CREMATION, REMOV (SPECIFY) Burial				emetery or crematory Haven Mem. P	Glen Bu	rnie A	A.Co.Md.
DHMH - 16 60M 7/84 (VRA 15, 4)		INIEDAL DIDECTOR	to.Md.2	2123 Quoress		250 DA1	E REC'D, BY REGISJRAN	dia Bundan	Morrow



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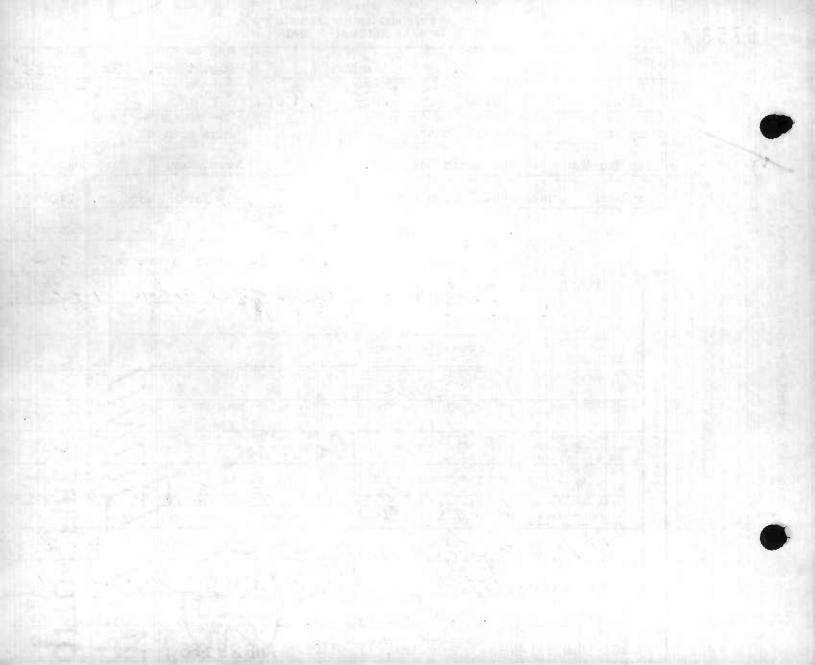
		1.	FOR STATE REGISTRAR	DEPAR	STATE OF MARYI MENT OF HEALTH AND CERTIFICATE OF	MENTAL HYG	IENE 5 2	EDT
0-1	4556		CEASED NAME FIRST	WIDDLE	LAST			DAY YEAR 26 HOUR
	oge 3	(TYP)	RALPH	LORENZ	LEYRER	SR.	AUGUST 4	, 1986 833 RM
	in in	3. SE		4. RACE	5. DATE OF BIRTH	V&AR.	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
	rector urs afi	0	MALE	CAUCASIAN	M6NTH 188	13	73 _{YRS.}	
	20 di	70. B	RTHPLACE (STATE OR FOREIGN COUNTRY) W Jersey	76. CITIZEN OF WHAT COUNTRY	MARRIED XNEVER	MARRIED -	9 BALTIMORE CITY OR COUNTY	
	hin 7		W Jersey	U.S.A.		NORCED	ANNE ARUNDE	126, KIND OF BUSINESS OR
5/C	1 1 15	1	GLEN BURNIE	NORTH ARUNDI	L HOSPITAL	3111011014	(TYPE OF WORK FOR MOST OF WORKING LI	
AND 2	filled in outil by	13a	AL RESIDENCE (IF NURSING HOME OF COLUMN TO THE COLUMN TO T	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOUNTY 130. CITY OR TO Phoen 1	X YES X	CITY LIMITS?	3343 E. Clare	ndon Avenue
RYL	4 12 17	JA E	ATHER'S NAME	MIDDLE LAST		FIRST		LAST
MA	par Q	1	RALPH	L. LEYF				RTINDALE
IMORE	oe execu	160	WAS DECEASED EVER IN U.S. A YES NO UNKNOWN) (IF YES, C		9511 Kath	rdenix, iryn Le	Arizona 185018 Eyrer 3343 E.	Clarendon Ave
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	SICIAN: The law requires that the death cert of physician. Certificate has been signed by the attending rical-transit permit. Then please remove carbe ental Hygiene prior to burial, cremation, ar retem 18 shows any injury, or ather troumatic.	CAL CERTIFICATION	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse lost.	196 CONDITION FOR WHICE CO	UENCE OF DEATH BUT NOT RELATE OF SALSE H OPERATION WAS PERF	ED TO THE TERM ORMED Inc. GALLON	IN CERTI	VEN IN PART TO: S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\text{NO} \)
DIVISION	O HOSPITAL OR ATTENDING PHYS etained by the haspital or attending TO FUNERAL DIRECTOR. After this should be detached for use as the bu with the State Dept. of Health and M MPORTANT: If Item 21 is marked or	MEDICAL	sow the deceased alive of	not view the heldy offer death.	DEGREE Les UND 22e ADDRI	ATTENDING PHYSICIAN [deoth occurred on the dote and had been staff physician Glen But Cowers 7310 Ritho	rnie, Md 21061
60	5 5 5 4 3 X		BURIAL, CREMATION, REMOVA	AL 23b. DATE 23	NAME OF CEMETERY OF	RCREMATORY	23d LOCATION	
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11	DHMH - 16 60M 7/84 (VRA 15, 4)		uneral director ymond C. Fir	nk Glen Burnië	, Md. 21061	AU AU	F REC'D. BY REGISTRAN 258 REGIS 6 5 1986	KAR'S SIGNA THE CALL

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nn-156	8 !	1.	FOR STATE REGISTRAR		DEPARTM	STATE OF MARYLAND SENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	L HYGIEN	3 0 2	ì	0 6	edt
			CEASED NAME FIRS	ī	MIDDLE	LAST	20	DATE OF DEATH MONTH	OAY	YEAR	2b. HOUR
by be oge 3 deoth		(TYP)	RUTH		ELIZABET	LIPP		AUGUST	13.	1986	9 05 AM
TO)		3. SE		4.1	RACE	5. DATE OF BIRTH		AGE (IN YEARS EAST BIRTHDAY)	IF UP	DER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
ge 4		F	'emale		White	Sept 17, 1910		75 Y	RS.		Wild.
4 100	D		RTHPLACE STATE OR FOREIGN	√ 7b.	CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9.	BALTIMORE CITY OR COU	INTY OF	DEATH	
1	20		aryland		U.S.A.	WIDOWED DIVORCED		ANNE ARUI		COUNT	
1/ 1/2	24	10 C	TY OR TOWN OF DEATH		(IF NOT IN SUCH FACILITY, GIVE STREET A		(1	L USUAL OCCUPATION YPE OF WORK FOR MOST OF WORK	ING LIFE)	26. KIND OF	atholic
2	5/	HSH	GLEN BURNIE		NORTH ARUNDEI HER INSTITUTION, GIVE RESIDENCE BEFORE		F	xec. Secre	tany		ri ty_
O 4 di	73	13a.	STATE 13b (COUNTY	13c. CITY OR TOWN	1 13d INSIDE CITY LIMIT	TS? 13	STREET ADDRESS / ZIP C		2	1113
LAN hun 2 short	ر قا	14 F	Md.	A.A	. Co. Odentor	YES NO 3		1241 C. Sc	ott	Mano	r
BALTIMORE, MARYLAND ote be executed within 24 siction and completely filled	120		George	MIO	Winehol	d Hai	nnah			Mu	rr
MORE,	medicol		VAS DECEASED EVER IN U.		D FORCES? 16b. SOCIAL SECUI	RITY NO. 17. INFORMANT GE	ambr	ills, APPRESS	21	054	
TIMC be e	E J		NO		212 05			lennessey 2	528	Flow	eringTre
RDS, 201 W. PRESTON ST., BA equires that the death certificate is signed by the attending physic Then please remove carbonapape	r to buriol, cremotion, ar remi injury, ar other traumatic eve	NOI		ch te ne	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) NOTITIONS CONTRIBUTING TO D	NCE OF NEUMONIA	Vith row	Come asular accid	Lang I GIVEN I	N PART 110	day days
AL RECO	ows any	CERTIFICATION	19a DATE OF OPERATION		196. CONDITION FOR WHICH	OPERATION WAS PERFORMED				REFINDING CAUSES (
DIVISION OF VITAL RECORDS, OF PHYSICIAN: The low require of ending physician. The tribs certificate has been sign of the buriol-tronsit permit. Then	Mentol Hygie	-	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE ((IF EITHER NOTIFY MEDICAL EXA	OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.	Y YEAR 19	CCURRED	ENTER NATURE OF INJURY IN ITE	M 18 PART I	OR PART 2)	
MVISION VG PHYS otherndin ter this c	hond Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	RM, ETC.) 211 LOCATION STREET		CITY OR TOWN		COUNTY	STATE
ATTENDI spirol or CTOR: A	. of Heolt		sow the deceased ali above, (I) (wal (did) (d	ve on	attended the deceased from		olnion deo	th occurred on the date one	/3, 19_ d hour one		hat who (we) lost causes stated
OR DIRE	State Dept		27b. SIGNATURE	50	-HISLA-	DEGREE ATTENDIN PHYSICIA		MEDICAL STAFF PRECTOR PHYSICIAN)	Acr	1.13,126
TO HOSPITAL retoined by the TO FUNERAL should be detri	MPORTAN		22d. PHYSICIAN'S NAME (HUNG	· M D	22e. ADDRESS	345	O FT. MEADE F	ROAD	ROOM	207
	> = '		SURIAL, CREMATION, REMO		23b. DATE 23c. N	AME OF CEMETERY OF CREMATO	ORY	23d. LOCATION CITY OR TOWN	co	YINU	STATE
BP			Burial		8/16/86 Ho	ly Cross Ceme		y Brookivn	A	.A.	MD.
DHMH - 16 6			NAME	lto	AOORESS	LILL)	DATE RE	C'D. BY REGISTRAR 250 RE	GISTRAR	SSIGNA	Spelle.
(VRA 15	, 4)	G	eorge J. Go	nce	4001 Ritchi	e Hgwy	AUG	1 0 1000			

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00-16753	1.	FOR STATE REGISTRAR			DEPARTA	NENT OF I	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	-1	2 1	0 3	C
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be 3	(TYPE	OR PRINT) Mad	eline		I.	L	mch	August	25,	1986	7:55 M
may b page ter deo	3. SE	X		4 RACE	W. DEC. O	5. DATE		6 AGE (IN YEARS LA		IF UNDER I YEAR	IF UNDER 24 HRS
ector rs of		Female	10.00	White		July		79	YRS	MONTHS DAYS	HOURS MIN
4 1120	70 BI	RTHPLACE (STATE OR FO)REIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CI	TY OR COUNT	Y OF DEATH	
1120	Ma	ryland			States	WIDOW	DIVORCED	Anne A	rundel		MD.
500	Gl	en Burnie		809 No	rth Shore	Dr.	or other institution	120 USUAL OCCU (TYPE OF WORK FOR M Homemak	OST OF WORKING L	ifei 126 KIND (INDUSTRY HOI	DE BUSINESS OR
AND 211	130 S Ma	AL RESIDENCE (IF NURS STATE Bryland	136 COUN	Arundel	GIVE RESIDENCE BEFORE 13 CITY OR JOW Glen Bur	nie	13d INSIDE CITY LIMITS?	13e STREET ADDR 809 Nor	th Shore	e Dr.	21061
MARYL red within ted within the confine s		James		MIDDLE	Coulte		Lillian	WIDE		Omf	ensox
TIMORE, on ond co	16a V	MAS DECEASED EVER YES, NO OR UNKNOWN) NO	IN U.S. AR (IF YES, GIVE	MED FORCES?	215 16 C		Mrs. Norma I.		(Same	as line	13a-e)
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21 NG PHYSICIAN: The low requires that the death certificate be executed within 24 ho offending physician. (Iter this certificate has been signed by the attending physician and completely filled to stift burial-transit permit. Then please remove carbonoppers. Pages 1 pages should be the and Mental Hygene prior to burial, cremotian, or removal or medical examiner prosite orked or them to shows any injury, or other traumatic event, the medical examiner prosite		PART I. DEATH W Conditions, if ony, gove rise to imm couse to stotin underlying couse	which mediate g the	DUE TO, OI	R AS A CONSEQUE		arlinema g	the c	rolen	BETWEEN	KIMATE INITERVAL ONSET AND DEATH
'ECORDS, 20' Iow requires to been signed rimit. Then plea prior to burion to burion to burion to burion.	CERTIFICATION	PART 2 OTHER SIGN			nm	e	NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YE	VEN IN PART 1 S, WERE FIND IFYING CAUSE	INGS USED
JE VITAL R. 1AN: The le physician. illicate has 1-transit per ol Hygiene		210. ACCIDENT WAS UND	_		FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	YES NO	Y	ES 🗌	NO 🗌
DIVISION OF VITA	MEDICAL	(IF EITHER NOT IFY MEDICA 21d INJURY OCCURR WHILE NOT WH AT WORK AT WO	ED HILE RK	21e. PLACE ((AT HOME, STR	OF INJURY LEET, FACTORY, OFFICE, F.	19 ARM, ETC.]	211 LOCATION STREET	CITYO	ORTOWN	COUNTY	STATE
ATTEND ospital o ECTOR . d for use f of Hea		276.1 certify that (I) sow the decease obove, (I) (iii) (d) 27b. SIGNATURE	d olive on	Melan	125 19		nd that in (my) (ever) opinion of	deoth occurred on the	the date and ha		that (I) (we) l ast couses stated
0 4 0 50 4		22d. PHYSICIAN'S NA	ME ITYPE OF	Jacy 1	Uli.	m	ATTENDING	MEDICAL DIRECTOR PH	STAFF HYSICIAN [8/25	186
TO HOSPITAL (retained by the TO FUNERAL I should be deto with the State I	730 5	MC L BURIAL, CREMATION,	au	9//11	110	AME OF	708 Mounta	123d LOCATION	Vasa	dana,	md.
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	_	0 - 0				7	1.70	THE REAL PROPERTY.	0		



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e e	de 90 e 01 e 01 e 01 e 01 e 01 e 01 e 01 e 0		CEASED NAME FIRST OR PRINT) MARY	Aze	lia	MACK	AST	2a. DATE OF DEATH AUGUST		1986	26 HOUR 504 AM
4 Boy	offer de	3. SEX		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
- 100	directs of the cris	Ja BI	male RTHPLACE (STATE OR FOREIGN	White 76 CITIZEN OI	F WHAT COUNTRY?	R	mber 25, 1889	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
	150	1	ountry) Maryland	USA		WIDOWE	DI DIVORCED			COUNTY	MD.
H	11 54		GLEN BURNIE	'NOR'I	H'ARUNDEL	"FIUSP]	TAL	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST Homemake)	OF WORKING LIFE	IZE KIND O INDUSTRY Own H	of Business or
AND 21:	The state of the s	130. S Ma			13c. CITY OR TOW Glen Bur	N	13d. INSIDE CITY LIMITS? YES NO K	13e.STREET ADDRESS 104 Veri			061
MARYL ed with	320		THER'S NAME FIRST (Unkr	,	LAST		15. MOTHER'S MAIDEN NAM	(Unknown		ŁAS	я
BALTIMORE	Poge:		/AS DECEASED EVER IN U.S. (IF YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES) NA	216.28.5		Mr. John Mac	1_	2 Box lesbou	345	28170 C. 21970
. 15	physicia npapers maxal		18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAU		er line for (a), (b), and						MATE INTERVAL ONSET AND DEATH
DS, 201 W. PRESTON ST.	signed by the attents then please a burial, crimation, or jury, ar other fraumoti	N	Conditions, if any, which gove rise to immediate cause (a), starting the underlying cause last. PART 2 OTHER SIGNIFICAN	(b)_ DUE TO, (OR AS A CONSEQUE OR AS A CONSEQUE CONTRIBUTING TO I	ENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR COP			OVATER
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir	te hos been ssit permit. Il	CERTIFICATION	19a DATE OF OPERATION	196 CONI	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES	WERE FINDING CAUSES	NGS USED S OF DEATH?
NOF VIT	certificate priol-transitional Hygical Hygical Hygical Hygical Hygical Hygical Bishop Hygical	CAL	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM	DEATH HOUR	OF INJURY A.M. MONTH DA P.M.	AY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF IN)	JRY IN ITEM 18 P.	ART 1 OR PART 2)	
NVISION	After this e os the bu olth ond M morked og	MEDI	WHILE NOT WHILE AT WORK		E OF INJURY STREET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CHY OR TO	OWN	COUNTY	STATE
ATTENDI	CTOR: A CTOR: A Ifor use of Healt		22a.1 certify that (1) (this has saw the deceased alive abave, (1) (we) (did) (did)			86.01	d that in (my) (aur) opinian o	death occurred on the c	late and hau		that (1) (we) last causes stated
TAL OR	y the hadelocked detocked ate Dept.		226. SIGNATURE	nus	h			MEDICAL STA	CIAN	224 DATE 8/25	SIGNED 3/SG
HOSPI	TO FUNERAL I should be deto with the State I IMPORTANT: If		SURYA P. M		.D.		170. ADDRESS 203 BALTIMORE	E. PATAPS MARYLAND			
5	ē ₽₩3 ≦ BP	23a 8	URIAL, CREMATION, REMOV				EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	Dorde	COUNTY	STATE M.d.
	MH - 16 60M 7/84	24 FL	Burial C	Dowatte		uar H	ill Cemetery	Brooklyn E REC'D. BY REGISTRAF	256 REGISTI		URE
Dil	(VRA 15, 4)	Si	noleton Funer	770		ie. Ma	arvland SE	2 1986	frank	avideon-1	andelle

injury, or other troumotic event, the

should be detached for use as the burral-transit permit. Then please remove carbon pape with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal

IMPORTANT: If Item 21 is morked or Item 18 showsony

TO FUNERAL DIRECTOR: After this certificate has been

FOR

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ol director, page 3

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

	1 -	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	D.		7
		CEASED NAME FIRST	die.	ma	angum	20. DATE OF DEATH	MONTH DAY	1986	2b. HOUR
	3. SE)	X 4. F	RACE	5. DATE C	OF BIRT	6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS
	/	Male.	White	Jar	7. 25,1926	60	YRS		Mile.
7		RTHPLACE (STATE OR FOREIGN 7b.	CITIZEN OF WHAT COUNTRY	MARRIE		Anne.	Arus	ode !	MD.
3	A	napolis A	OPE TRUD	T ADORESSI	Deral Hospital	120 USUAL OCCUPATION WORK FOR MOST OF		12b. KIND O INDUSTRY	Service
Y	13a. S	AL RESIDENCE (IF NURSING HOME OR OTH STATE 13b. COUNTY	IER INSTITUTION GIVE RESIDENCE BEFOR		13d INSIDE CITY LIMITS? YES NO NO	303110	ZIP CODE	a Ros	21140
)	14. FA	Charles MIDE	Manau LAST	m	15. MOTHER'S MAIDEN NAME OF PRINTERS	MIDOLE		LAS	asen
1	16a V		D FORCES? 166 SOCIAL SEC	URITY NO.	Mary D. M	Janaum.	ss san	re as	S
		PART I. DEATH Enter only of PART I. DEATH WAS CAUSED B IMMEDIATE Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost	Y: Wonal	Fai	lure Cancer	0		3 U	MATE INTERVAL ONSET AND DEATH
1	CERTIFICATION	PART 2 OTHER SIGNIFICANT CON	POITIONS CONTRIBUTING TO			200 AUTOPSY?	20b. IF YES, W	VERE FINDIN	IGS USED
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH D	PAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	YES [I OR PART 2}	NO 🗌
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE ALWORK	21e PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE,	FARM ETC)	28 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		220 I certify that (1) this hospital) sow the deseased alive and above (1) well (did) and not visit	8/28 19	86_, or	nd that in (my) jour) opinion	death occurred on the do	te and hour or	nd from the	
		22b. SIGNATURE FALLS 200 PHYSICIAN'S NAME (TYPE OR PR	In Grany	mil	ATTENDING PHYSICIAN L	MEDICAL STAF		87	29/86

23c. NAME OF CEMETERY OR CREMATOR

DHMH - 16 60M 7/84

BP

(VRA 15, 4)

236 DATE

28d. LOCATION

256 REGISTRAP'S

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SECTION SECTION		ASED NAME	FIRST		MIDDLE		AST		REI 2a. DATE OF DEA	G. NO.	H D/	AY YEAR	Zb. HOUF	
nay be page 3		R PRINT)	TIR	LER	OV	март	INDALE	SR	AUGUS	3000	0.0	1986		DA
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ctor.		Male		White		Oct		YEAR 901		.84	YRS	ONTHS DAYS	HOURS	MIN.
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1 20	P	Id.		U.S.	A.	WIDOW		CED	ANNE	E ARUN	WDEL	COUNT	Y	MD.
\$ 34		GLEN BURN		(IF NOT IN SU	HOSPITAL, NUF CHEACILITY, GIVE ST H ARUND	REET ADDRESS)	TTAL	TION	12a USUALOCCU (TYPE OF WORK FOR N Police 0	OST OF WOR	KING LIFE)			
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2 1 15	100. 01	Md.		Arunde]				D TT	7.996 W.			do Dod-	211	22
I IMAN	14. FAT	HER'S NAME					15. MOTHER'S MA		ΛE		11.5.11		- 71	
1 1000		Frank		MIDDLE	Martino	ale	Lena		MIDE	DLE		1.75 -		
8- 87		AS DECEASED EVER			166 SOCIAL SI		17. INFORMANT	b.	A	DDRESS		Wiss	sman	
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9 95 4			M (Enter on				TILS. A	ma r	. Martino	Tare	-	same as	MATE INTERV	VAL
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6 6131		Conditions, if ony		(b)_	gran	1 N	gann	20	Memi	9		10	Lou	4
V		gove rise to im- couse (a), statu- underlying couse	ng the	DUE TO, O	RAS A CONSE	QUENCE OF	1	Due	ese			54	PAR	1
and	2	PART 2 OTHER SIG	NIFICANTO	CONDITIONS C	ONTRIBUTING	O DEATH BUT	NOT RELATED TO	THE TERMI	INAL DISEASE OR	CONDITIO	n Give	N IN PART 110		
1 1 2 2 0	CERTIFICATION	DATE OF OPERA	TION	TIRK COND	ITION FOR WH	CH ODED AT IC	N WAS PERFORM	ED.	200 AUTOPSY?	1204	IE VEC	WERE FINDIN	100 11000	
	FIC.	TAIL OF OPERA	11014	176. COND	INON FOR WH	CH OPERATIO	IN WAS PERFORME	20		INC	CERTIFY	ING CAUSES	OF DE ATH	H ₂
sicro	E .	In ACCIDENT WAS UN	DERLYING [1 21b. TIME C	OF INJURY		Tar HOW IN IUR	YOCCURR	YES NO		YES		NO 🗆	
ICIAN: g phys errifico ital-tror intal Hy rem 18		OR CONTRIBUTING	CAUSE OF DEA		M. MONTH			, occom	(EIGIEK IGATORE OF	7 1143011 114111	LM 10 PM	(I I OR FART 2)		
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TTEP pital for u		saw the deceas	ed alive on	D/	plieddigth 1	16.0	nd that in (my) (oo	apinian d	death accurred on t	he date on	nd hour	and from the	couses sto	ited
OR ATT or hospir DIRECT oched fo Dept of flem 2	1	26. SIGNATURE	1111	L L	1/1	1	DEGREE					III. DA¥	SIGNED	
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STATE OF MARYLAND

- 16	100		1 -	FOR STATE REGISTRAR			DEP	ARTMENT OF	HEALTH AND FICATE OF	MENTAL HYG	SIENE CO	REG N	0.	0	
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Ē	e e		3. SE)			RACE			OF BIRTH	YEAR	6. AGE IN	YEARS LAST OIR	THDAY)	FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
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deoth.	Part C	1		laryland			S.A.	WIDOV	ED T	ONORCED [ndel Co		MD.
01 s offer o	by the filed with	K	19 CI	ry or town of deat Pasadena	TH 1	(IF NOT IN SUC	HOSPITAL, NU CHIFACILITY, GIVE Ventou		OR OTHER IN	STITUTION	(TYPE OF WO	occupation	ON OF WORKING LIFE)	12b. KIND C INDUSTRY	OF BUSINESS OR
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YLA	2 cely	20		THER'S NAME	117-6				15. MOTHER	S MAIDEN NA			sauc o		
AAR D	nple		1	Samuel		rtin	Ra Ba	rrett	M	ollie		MIDDLE		Tracy	
RE, I	0 6	1		VAS DECEASED EVER I	N U.S. ARM	ED FORCES?		SECURITY NO.	17 INFORM			ADDRE	SS		
MO	Pog	E de	0	res, no or unknown)	(IF YES, GIVE V	WAR OR DATES)	217-1	8-9870	Will	iam T. I	Mevers	Jr.	1152 5	2123 Sargea	nt St.
1) W. PRESTON ST., 8A	d by the attending physic ease remove carban pape al, cremation, or removal	or diner traumanc event, t		Conditions, if ony, gove rise to imm cause (a), stating underlying cause	which ediate the last.	BY: CAUSE (a) DUE TO, O (b) DUE TO, O (c)	MARTA RAS A CONS	EQUENCE OF	gelen	le mi	jelon	na		74	CONSET AND DEATH NOTE: AND DEATH NOTE: AND DEATH NOTE: AND DEATH RS
AL RECORDS, 20	an. has been signe t permit. Then pl ene prior to bur	ows only infant, o	CERTIFICATION	PART 2. OTHER SIGN				G TO DEATH BU			200 AUT		20b. IF YES,	WERE FINDI	C 10
VIIV Z	physicic inficate l-transit al Hygie	50/	CER	218. ACCIDENT WAS UNDI		21b. TIME C		DAY YEA		INJURY OCCUR	RED (ENTER N	NATURE OF INJU	RY IN ITEM 18 PA	RT I OR PART 2)	
SION OF	s certification	1	CAL	(IF EITHER, NOTIFY MEDIC		'	м.	19							
DIVISION OF		l ked or	MEDICAL	21d. INJURY OCCURR	IE 📑		OF INJURY REET, FACTORY, O	FFICE, FARM, ETC.)	211 LOCAT	ION		CITY OR TO	NW	COUNTY	STATE
o ATTENDIA	Spitol ar CTOR: Af far use a of Health	Om 51 12 mo		saw the decease above (1) (we) [d					and that in (m	(aur) opinion	death occurr	ed on the d	ote and hour	ond from the	that () (we) lost causes stated
O S S S S S S S S S S S S S S S S S S S	the hor to DIRE	E		226. SIGNATURE	raune	LM.	Dail	ely 1	DEGREE	ATTENDING PHYSICIAN	MEDICAL DIRECTO	STA	FF CIAN []	8/2	SIGNED 5/86
OH OS OH	etained by 11 TO FUNERAL should be det	A A A		Daily	ME (TYPE OR	PRINT)		0	22e ADDRE	Fort S	mallwo	od			
9	sho To	1		SURIAL, CREMATION, F	REMOVAL	23b DATE		23c NAME OF		RCREMATORY	23d LOC	ATION			
	BP			Burial	A.FR	8/25	/86	Loudo	Park	Cemeter		timor	e	COUNTY	laryland
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	FOR STATE REGIS				DEF	PARTMENT OF	TE OF MARY HEALTH AN IFICATE OI	D MENTAL HYG	SIENE	Ö REG	. NO.	ì	0 S	EDT	
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od - i	3. SEX		4	RACE			OF BIRTH	VEAR	6 AGE	IN YEARS LAST	BIRTHDAY)		INDER I YEAR	IF UNDER 24 HRS	
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CTOE. At d for use o c. of Health m 21 is ma	so	ove, (I) (we) (ed olive an_ did) (did nat)	view the body	alter death.					orred on the	e date an	d hour or			
and DRECTOR of detected for use of note Dept of Health NT, if hem 21 is ma	22b. SIG	GNATURE	ded (did not)	e k	Aper death.	mo	DEGREE	ATTENDING PHYSICIAN	MEDIC	AL S	TAFF SICIAN [22c. DATE S		
TO FUNERAL DIRECTOR: An inhouse the state of the site	22b. SIG	SNATURE YSICHAN'S	CAL TITLE OF	PLAI	Alter death.		22e ADDR	PHYSICIAN TO PHYSI	MEDIC DIRECT 845 (OAKWOO	STAFF SICIAN [DAD			
0 % 1 M	22b. SIG	YSICHAN'S CREMATION,	CAL TITLE OF	wiew the body	aber death.	23c. NAME OF	22e ADDR	PHYSICIAN TO THE PHYSIC	MEDIC DIRECT 845 (OAKWO	OD RO	DAD			

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poge r deat	3 SE	JOHN	E MORY	IS DATE OF BIRTH	6. AGE LIN YEARS LAST BIRTI			UNDER 24 HRS
tor.	-	Male	White	NOV. 10, 1922	63	YRS	HS DAYS H	OURS MIN.
		RTHPLACE (STATE OR FOREIGN COUNTRY) ARYLAND	U.S.A.	MARRIED MEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OF ANNE AL	COUNTY OF		MD.
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	#0 C	GLEN BURNIE		AG HOME OR OTHER INSTITUTION ADDRESS! HOSPITAL	120. USUAL OCCUPATION TYPE OF WORK FOR MOST OF CIVIL ENG	WORKING LIFE) II	CONST	USINESS OR RUCTION
AND 212	136.	STATE 135 COUN	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 136. CITY OR TOWN 21204	N 113d INSIDE CITY LIMITS?	13. STREET ADDRESS / 1634 GLE	ZIP CODE V KEIT	H BLV	D.2120L
MARYL, ampletely ompletely on 2 st	7 F.	ATHER'S NAME EMORY	MILI	SARAH	MIDDLE		TUÔH	Y
be execu		VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) U.S. AR YES W. W	VE WAR OR DATES	PRITY NO. 17 INFORMANT -1615MARK E. MII	LLER LAURE		2070	7
ON ST., BAL th certificate adding physici carbon paper or removal, otic event, th		PART I. DE ATH WAS CAUSE	nly one couse per line for (a), (b), on (b) BY. TE CAUSE (a). DUE TO, OR AS A CONSEQUI	dis Formala	arest	-	APPROXIMA BETWEEN ONS	TE INTERVAL ET AND DEATH
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RECORDS, 2 low requires n. n. so been signe berrior to bur vs ony injury,	NOIT		Ca of the	DEATH OUT NOT RELATED TO THE TERM				
At RECO	CERTIFICATION	190 DATE OF OPERATION	0	OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WE IN CERTIFYING YES	G CAUSES OF	S USED DEATH?
VSICIAN: T VSICIAN: T ding physicials s certificate burnal-transis Mental Hygi		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D.	AY YEAR 19	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1	OR PART 2)	
DIVISION OF VITAL ING PHYSICIAN: The rottending physicion to so the burnol-tronsit is the ond Mental Hyger orked or frem 18 Mps.	MEDICAL	21d INJURY OCCURRED WHILE NOS AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	211 LOCATION STREET	CITY OR TOW	101	COUNTY	STATE
ATTENDIFICATION OF The Use of Health		220.1 certify that it (this hospi say the deceased alive on above (it) (see lid) (slid or	1 1/17 7/1/11	and that in (my) (aur) apinion	death occurred an the da	te and haur one		t (1) (we) last uses stated
AL OR A the ho y the ho kal DIRE detached are Dept		17% AGNATURE	Inge BbC	QUILING PHYSICIAN	MEDICAL STAF	AN 🗌	8/2-8	P/P6
TO HOSPITAL reformed by 1) TO FUNERAL should be det with the Store IMPORTANT.		TORGE B R	MIREZ M.D.	777. ADDRESS 7	845 OAKWOOD RNIE, MARYLA	ROAD, S	01TE 2 .061	05
	23a.	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. 1	NAME OF CEMETERY OR CREMATORY	23d LOCATION	T TETO LO	UNIY BE	DAZIATE NAME
BP		BURIAL JNERAL DIRECTOR	AUG. 30, 86 1	NEW CATHEDRAL CI	TEREC'D. BY REGISTRARIZ			RYLAND
DHMH - 16 60M 7/84 (VRA 15, 4)			NSON8521 TOCH			LIANT CARLES		

10	5		1.	FOR STATE	DEPARTM	STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYG	iene 6 2	1009
0-1	5 1 9 1			REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	2 74			CEASED NAME FIRST MAD	ISON Ellic	T MITCHELL	July 29	
	e 4 may	1	3. SE	mo	CaUCASION	5. DATE OF BIRTH MONTH July 4, 1920	6. AGE (IN YEARS LAST BIRTHDA'	MONTHS DAYS HOURS MIN.
-	00 00	4/1		RTHPLACE: Parate Composition 76	CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OR CO	YRS. OUNTY OF DEATH
	death har72	16 L	Wa	sh. D.C. D.	U.S.A.	MARRIED ₩ NEVER MARRIED ₩ DIVORCED ₩		indel County MD.
	1 23	AV.	10. C	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET A	G HOME OR OTHER INSTITUTION DORESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	
1	6 5 6	7	-	verna Park	408 St. Ives		Executive	Nat'l Securit
(2 G	1 12	36	130.	AL RESIDENCE (IF NURSING HOME OR OTH TAKE 136 COUNTY A.A.		13d INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIN	
V	1 20	nsh I		ATHER'S NAME		15 MOTHER'S MAIDEN NA	ME	
MAR	p de	126	1	Franklin Edd		Jane	WIDDIE	Tuper
#	The set	97	160 V	VAS DECEASED EVER IN U.S. ARME	D FORCES? 166 SOCIAL SECUR	ITY NO. 17 INFORMANT	ADDRESS	Taper
TIMO	be ex	1		YES, NO OR UNKNOWN) (IF YES, GIVE W.	089-18-6	Sandra J.	Mitchell S	ame as Above
- BA	physic physic spepe	1,1		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B		mostati	Canee	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Z	ding of re-	dic e	-	IMMEDIATE C	DUE TO, OR AS A CONSEQUE	or or our	1. A-F	2
510	feeth me co	DWIND		Canditians, if any, which	(b)	oce or and	hpelacias	Los
W. PR	the state of the s	other tro		gave rise to immediate cause (o), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUEN	VCE OF		
05, 20	signed herr ple to burio	njury, or	z	PART 2. OTHER SIGNIFICANT COM		EATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	ON GIVEN IN PART Ita
1 RECOR	hos been been permit. I	9	CERTIFICATION	190 DATE OF OPERATION	1%. CONDITION FOR WHICH C	PERATION WAS PERFORMED	200 AUTOPSY? 201 IN	LIF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO NO
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NO.	SECIAL PO Phy Certific Priolity	4	CAL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY	Y YEAR		
VISIO	ond A	op o	MEDI	21d. INJURY OCCURRED ILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAI	RM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ō	A P	OE.		22a.1 certify that (I) (this haspital)	ottended the deceased from	. 19	, to	, 19, that (I) (we) lost
	CTOR 4 for v	200		sow the deceased alive an abave, (1) (we) (did) (did nat) vi	iew the bady after death.		death occurred on the date a	and haur and fram the causes stoted
•	the ho AL DIRE letocher the Deor	To H Bee		276 SIGNATURE	Baron	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	27/29/86
	Add by FUNER, uld be a	PORTAN		224. PHYSICIAN'S NAME CHARGOR PR	100 VC	??e. ADDRESS		
	5 5 5 5	3	220 5	SURIAL, CREMATION, REMOVAL	236 DATE 23c N	AME OF CEMETERY OF CREW FORM	234-LOCATION	
	ВР	_	230.	Burial T	1-31-86 M	D VET. CEM.	COUNTS	VILL A.A. MIN
0	DHMH - 16 60A (VRA 15, 4		24.51	NAME COM MAN	FIL Sorbreski	TCHIE LEWY 250 DATE	REC'D. BY REGISTRAR 256.	REGISTRAR'S SIGNATURE
	, ,			201.100	14 SCW	and Mindo	A Table	

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARYLAND 2120

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

I	- STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.		- 1
	1 DECEASED NAME FIRST	WIDDLE		AST	20 DATE OF DEATH MONTH	DAY YEAR 2	26 HOUR
	Samuel	R.	Mito	chell	August 18,	1986	IR RM
	3 SEX	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)		IF UNDER 24 HRS HOURS MIN.
1	Male	White		ember 12.06	79 YF		MIN.
5	70. BIRTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8	NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH	P. P. S. D. D. D.
þ	Virginia	USA	WIDOWE		Anne Arund	lel County	MD.
/	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,		OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF	BUSINESS OR
	Glen Burnie	North Arun	ndel Hosp	ital	Retired	INDUSTRY S.	Army
Ī	USUAL RESIDENCE HE NURSING HOME OF		OR TOWN	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP C	ODE	
Ì	Maryland A		n Burnie	YES NO X	509 Greenway		21061
٩	14 FATHER'S NAME	WIDDLE	LAST	15 MOTHER'S MAIDEN NAM			
d	Elbert		chell	Minnie	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Booke	r
1	160 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCI	IAL SECURITY NO.	17 INFORMANT	ADDRESS		
ı			-28-6085	Ann Mitchel	1, Same as 13		
ı	18 CAUSE OF DEATH (Enter or), (b), and (c),		1100	APPROXIMA BETWEEN ON	ATE INTERVAL
ı	PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (a)	arcin	ioma 9	rung	2	43
ı		DUE TO, OR AS A CO	INSEQUENCE OF		0		
١	Conditions, if any, which	(b)					
Ų	gave rise to immediate couse (a), stating the	DUE TO, OR AS A CO	NSEQUENCE OF				
	underlying couse last	((c)					
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTE	ING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITION	GIVEN IN PART TO	
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	Y DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	IN CE	YES, WERE FINDING RTIFYING CAUSES O	SS USED OF DEATH?
4	210. ACCIDENT WAS UNDERLYING	1 21b. TIME OF INJURY		21. HOW IN HIPV OCCUPRI	YES NO	YES 🗌	NO 🗌
1		ATH HOUR A.M. MON	TH DAY YEAR	ZIE HOW INJURY OCCURRI	ED (ENTER NATURE OF INJURY IN ITEM	. 18 PART I OR PART 2)	
١	OR CONTRIBUTING CAUSE OF DE-	P.M. 21e PLACE OF INJURY	19	211 LOCATION			
1		(AT HOME STREET FACTORY		STREET	CITY OR TOWN	COUNTY	STATE
	22a certify that (I) (this hospi	ital) evel ded the deceases	16 65	ert/9 83	144/8	86	
ı	saw the deceased alive on above, (1) (we) (did) (abd no	100-1-40		nd that in (my) (our) opinion d	eoth occurred on the date and	hour and from the co	at (1) (we) lost
	obove, (1) (we) (did) Lebel no 22b. SIGNATURE	t wine the body after deat		DEGREE		22c DAVE SI	
	hr	11/101.	mo.	ATTENDING	MPDICAL STAFF	8/2	0/1976
7	22d. PHYSICIAN'S DAME THE		111201	22e ADDRESS	DIRECTOR PHYSICIAN	102	1.10
	Joseph Tale	r, M.D.		95 Aquahar	t Road, Glen B	Burnie, MD	
	230 BURIAL, CREMATION, REMOVAL		23¢ NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
	Burial	Aug. 22,86	Glen Ha	ven Mem. Park	Glen Burnie	AA	MD
	24 FUNERAL DIRECTOR				REC'D. BY REGISTRAR 25h BREC		A CONTRACTOR

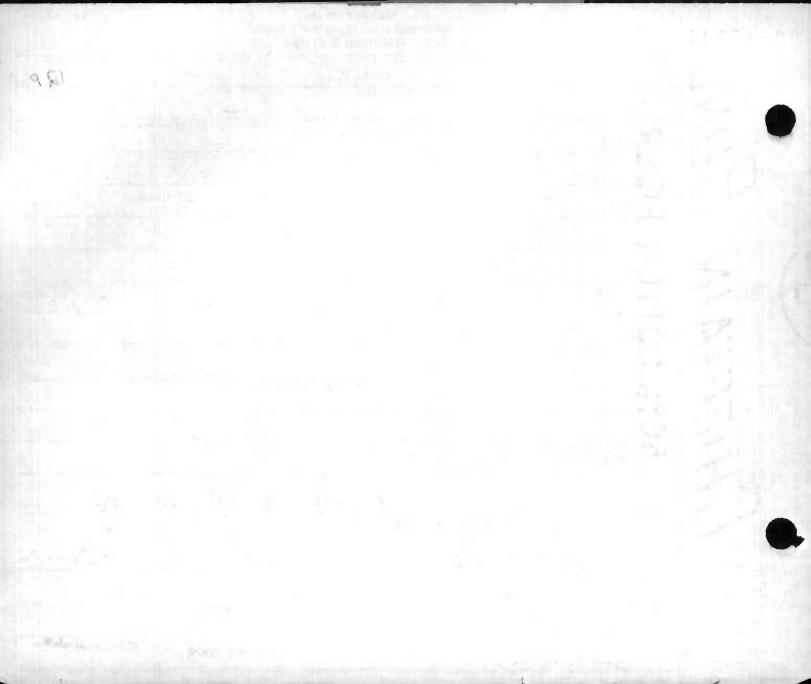
DHMH - 16 60M 7/84

BP.

10 FUNERAL DIRECTOR: After this certificate has been signed by the principle and detoched for use as the burial-transit permit. Then please exercise the Dept. of Health and Mental Hygiene prior to burial, crimate when the Missing and prior, as any injury, as other treatments and it is marked or them 18 stables any injury, as other treatments.

(VRA 15, 4)

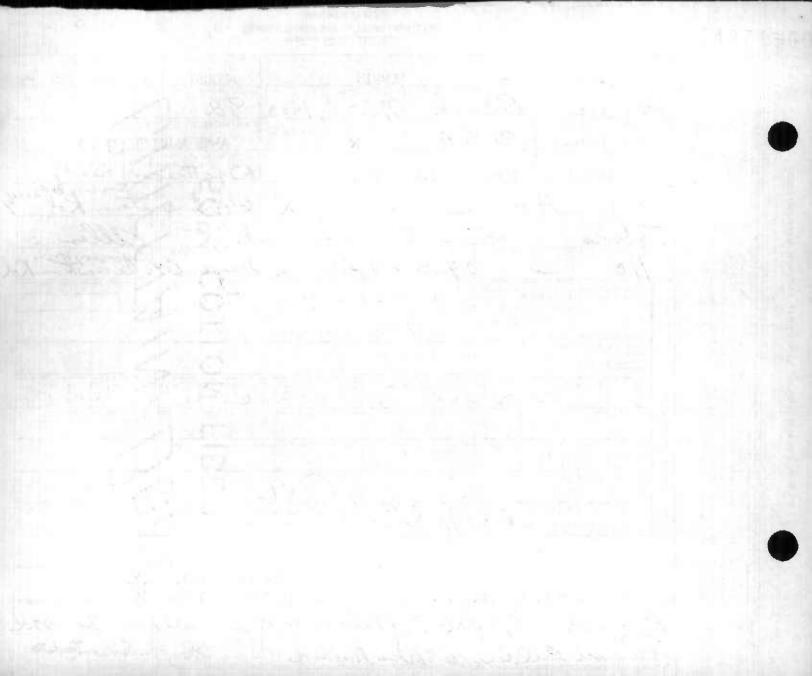
James S. Kirkley, Glen Burnie, MD



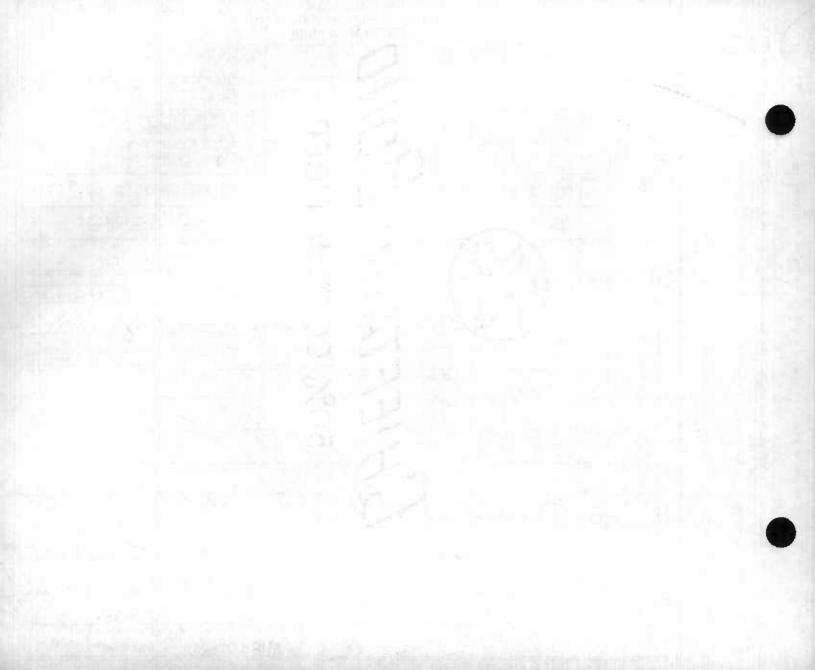
0-15202	1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE HEGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.
a dead to the	(100)	Walter HitcH MITCH 120. DATE OF DEATH MONTH DAY YEAR 26 DOWN MAN DAY YEA
oge 4 mg	3, SE	MALE WHITE MANY 194- 13 40 YRS MONTHS DAIS HOURS MIN.
	70. 6	76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED PROPERTY OF COUNTY OF DEATH MARRIED NEVER MARRIED PROPERTY OF COUNTY OF DEATH MODOWED DOORCED PROPERTY OF COUNTY OF DEATH MODOWED DOORCED PROPERTY OF COUNTY OF DEATH MILLIAN OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR
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TAND 2	13a.	ATHER'S NAME THE STAME ATHER'S NAME THE STAME THE S
E. MARY	0	WAS DECEASED EVER IN U.S. ARMED FORCES? 1166 SOCIAL SECURITY NO. 1/2 INFORMANT ADDRESS
LTIMOR to be executed for Property		14 VES. GIVE WAR OR DATES) 213 343791 MARION MITCHELL # 13
VST., BA	7	PART L DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) SIDS IS + OI bleed multiple BETWEEN ONSET AND DEATH APPROXIMATE NITERVAL BETWEEN ONSET AND DEATH
RESTOR e attend move co notion, e		Conditions, if any, which gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF A LUP PROSTLESS (b) SEPTIC WITHUP PROSTLESS
ed by the please re rial, over other		underlying course lost. DUE TO, OR AS A PORSEQUENCE OF at dislocation of hyperotheses
ORDS.	ATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELYTED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 STATEMENT OF THE PROPERTY OF THE PART OF THE
TALRE The loss of fire hous bearing present po	CERTIFICATION	YES NO YES NO YES NO
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HIAL ON THE A SHORT OF SHORT O		Jack Lichteustein Tack Lichteustein Physician Medical Staff Physician Director Physician Staff Physician Director Physician Staff Physician Director Physician Staff Physici
TO HOSP	12-	1000. BORIDGHEY AVE HUWAPOLIS MD.
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DHMH - 16 60M 7/84 (VRA 15, 4)	T	AVLOR TUNERAL OHAPEL AVUAPOLIS, MP. AUG 14 1886 Julia Davisson-Moresa

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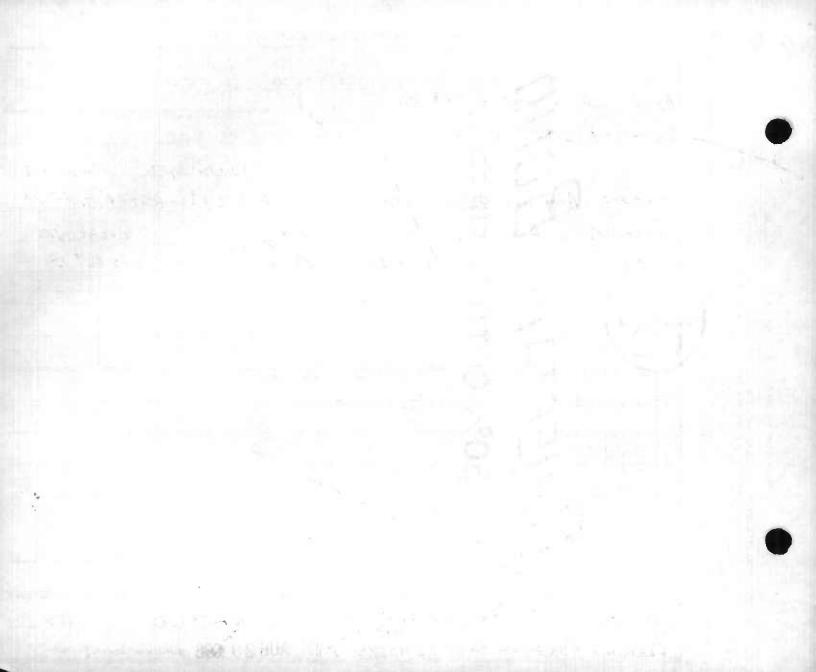
	FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG	6 2 1 0 0 2
0 - 15947	- STATE REGISTRAR	CERTIFICATE OF DEATH	REG. NO. FDT
	I. DECEASED NAME FIRST	MIDDLE LAST	2a. DATE OF DEATH MONTH DAY YEAR 2b HOUR
ay be oge 3 death	(TYPE OR PRINT) EFFIE	A MORRIS	AUGUST 19, 1986 710 PM
may poor	3. SEX	4 RACE S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
ector rs of	temple	Black nov. 30, 1903	82 YRS MONTHS DATS HOURS MIN.
P P P P	TE BIRTHPLACE INTAIL OFFICEION	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED . NEVER MARRIED .	9 BALTIMORE CITY OR COUNTY OF DEATH
de orth	Virginia	WIDOWED DIVORCED	ANNE ARUNDEL COUNTY MD.
1142/	IS CITY OF TOX OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION HE NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	120 USUAL OCCUPATION (130 CO WORK FOR MOST OF WORKING LIFE) INDICENTIAL OF BUT IN ESS OR
50 00 000	GLEN BURNIE	NORTH ARUNDEL HOSPITAL	Deatician Del
D 21:	USUAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 131 CTY OR TOWN 131 INSIDE CITY LIMITS?	13-STREET ADDRESS / ZIP CODE
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ARYING Selection of the	14. FATHER'S NAME	MIDDLE LAST + IS MOTHER'S MAIDEN NA	MIDDLE DOCKST
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the off remove	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUENCE OF	
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nes place y, o		IT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVEN IN PART 110
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TTEN ortol TOR: for us	sow the deceased alive	on and that in (my) (our) opinion	death occurred on the date and hour and from the causes stated
IREC hed tem	72h SIGNAZURE	not yet sal-topother broth DEGREE	22c. DATE SIGNED
7 = 7 = 9 =		ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN
HOSPITAL FUNERAL FUNERAL THE State ORTANT: H	234 PHYSICIAN'S NAME OF		CRAIN HWY., S.W.
O HOSPITA eroined by a TO FUNERA should be de with the Stot	ANASTACIO	SDRONG AT D GLEN BURN	MIE MARYLAND 21061
5 5 5 7 3 ₹	The HUMAN CREMATION, REMOV	AL THE DATE 230 NAME OF CEMETERY OR CREMATORY	2. Pad LOCATION A D. COUNTY & STATE O
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DHMH - 16 60M 7/84	THE STREET OF TH	20 1 (1000 10) 110 0 10 250 RAT	F REC'D. BY REGISTRAR 25 MREGISTRAR'S SIGNATURE
(VRA 15, 4)	Junel B	- Clair-163 Munual Helland	2 1 1000 Various and 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1



11.057	1-	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	
68 3 C 4 1		CEASED NAME FIRST LOUIS	STANLEY	MYERS, JR,	AUGUST 6, 198	
pe 4 may	1.5E	MALE	CAUCASIAN	S. DATE OF BIRTH AUGUST 29, 1912	6 AGE (IN YEARS LAST BIRTHDAY) 73 YRS	UNDER LYEAR OF UNDER 24 HRS
136		EVERN, MARYLA	ND U.S.A.	MARRIED NEVER MARRIED WIDOWED M DIVORCED	ANNE ARUNDEL	COUNTY
) of the color of		TY OR TOWN OF DEATH ROWNSVILLE	F AFTOR FULL OF MANY	NG HOME OR OTHER INSTITUTION PSTING CENTER	120 USUAL OCCUPATION (TYP CFAY R POEMS TOEMS LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
22 hours		ARYLAND ANNEUR	OTHER INSTITUTION, GIVE RESIDENCE BEFORM	READMISSION) 13d INSIDE CITY LIMITS? YES M NO	1326BERONELIZE HODE	SE RD. 2114
1000		LOUIS S.	MYERS, LAST	SR. GRACE		HOMAS
on ond Poge		VAS DECEASED EVER IN U.S. AR VES NOORUNKNOWN) (IF YES GIV YES	E WAR OR DATES)	URITY NO. 17 INFORMANT 5-2094 BOBBIE L.	MYERS SAME AS	13E
rificote l physicio proppers emoval.			lly one couse per line for 101, (b) on D BY TE CAUSE (0)	respirator 1	west	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Um/Lymu
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AL O The O defoc ofe D of D		22b. SIGNATURE	P Mmm	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	PAR DATE SIGNED
TO HOSPITAL retained by the TO FUNERAL should be detined to with the State IMPORTANT:		22d. PHYSICIAN'S NAME (TYPE O	IPRO COLG	AN PRO ADDRESS LI	ddings Drd.	Anyolis,
BP	23a. E	BURIAL, CREMATION, REMOVAL SPECIFY URIAL		NAME OF CEMETERY OR CREMATORY LCREST ANNAPOLIS	ANNE ARUNDEL	COUNTY MARYLAND STATE!
DHMH - 16 60M 7/B4 (VRA 15, 4)		UNERAL DIRECTOR OBERT E. EVAN	IS 1212 WEST ANNAPOLIS,	A 1		AR'S SIGNATURE



	١,	FOR	DEPAR	STATE OF A	MARYLAND H AND MENTAL H	VIGIENE 2	1 0	0 3
211.717	1-	STATE REGISTRAR	MEDICA	LEXAMINER'S	CERTIFICATE O	F DEATH REG. N	10	1 1
010111		CEASED NAME FIRST	MIDDLE		LAST	20 DATE KNOWN		DAY YEAR 26 HOUR
# ~ . 4 S E	(TY	Jon	C+ o	vens N:	iesen	OF ESTI-		23 19 86
PLEASE ECTOR. R FILES. HOURS STREET,	3. SE.		5 DATE OF BIRTH	6 AGE IN YEARS IF UN	NDER 1 YR. IF UNDER			DAY YEAR 2d HOUR
ON STATE		ALE CAUC.	JUNE 18 1945	4.3 YRS.		MIN PRONOUNCED DEAD		23 1986 9:457
MANES /7	FC	RTHPLACE (STATE OR PREIGN COUNTRY)	76 CITIZEN OF WHAT COI	JNTRY? 8. MARR	RIED NEVER MARRI	ED . 9. BALTIMORE CITY	OR COUNTY	OF DEATH
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7 25000	10 C	TY OR TOWN OF DEATH	11 NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV	URSING HOME, OR OTH	HER INSTITUTION	120. USUAL OCCUPATION (TY FOR MOST OF WORKING LIFE)	PE OF WORK 126	OR INDUSTRY
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5 00 00 /		AL RESIDENCE (IF IN NURSING HOM TATE 1136 COL		TY OR TOWN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS		
E SEREDO	A.			IRCHTON	YES NO W	55041 LOHE	STER	T. 20133
日本では	14. F	ATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDE			
# 30535	1	- LORIAN	A. NIE	SEN	MARY	We	6118	AKOVIC
W DANS	16a .	VAS DECEASED EVER IN U.S. A	ARMED FORCES? 16b. So	OCIAL SECURITY NO.	17. INFORMANT	ADDRES	5	
E SA F SOST	1	No	57	7-58-2475	SHIRLEY	A. NIESEN	Sump A	5 + 13
WITH WITH PINSE DIVISE		18 CAUSE OF DEATH (Enter	anly ane cause per line far (a),	(b), and (c).)				APPROXIMATE INTERVAL
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E, WA						L St, Charcheon	A.A.	. CO, MD.
EXAMINER: CERTIFICATI VULD BE FOR DIRECTOR: MARYLAND		226. I certify that Lay Silch	ge at the remains described a	ove, held an Autap	osy K , Inspection	I L. Inquiry L. a	ind in my apinic	חב
ME SEE		death resulted from //Na	hurgh courses A / Aylider	Suicide X		Undetermined manner		
Z B S S S S S S S S S S S S S S S S S S		ACTUAL / UI	11 4 1	~	TITLE (SPECIFY)		DATE	0/24/06
SHE SHE	-	SIGNATURE	200	M	A.D. ASS.ISTAN	t MEDICAL EXAMINER	SIGNED.	8/24/86
W C C C C C C C C C C C C C C C C C C C)	EXAMINER'S NAME Ch	arles P. Kokes	MD	111	Penn St. Balt	o.MD.	
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STA	220 0	(TYPE OR PRINT) CO					O.P.D.	
	230.8	PECIFY)	6111	AREN MA		23d. LOCATION CAY OR TOWN	COUNTY	STATE
07/B4 BP	74 F	WERAL DIRECTOR	1019/00	210/8	UNT IZED DATER	EC'Ď. BY REGISTRAN (23) H. G	ISTRAR'S SIGN	NATURE
DHMH - 17	1		IERAL SERVI	A F (-10)	WIND AUG			
(VR A15 ME (5))		-LEMING FUN	IENH - SOKVI	UC IDENSOI	WALTH HOO	29 1986	Davidson-	Market



1 - FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	2 0 0 0 EDT
1. DECEASED NAME (TYPE OR PRINT) AN	DREW STEPHEN OLSAVSKY 20. DAYE OF AUG	UST "19, "1986" 858 AM
3 SEX	4 RACE 5. DATE OF BIRTH 6. AGE (IN YEAR	EARSLAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
Male	Caucasion 4 - 26 - 86	_{YRS} 3 24
70. BIRTHPLACE (STATE OR FOR COUNTRY) Maryland	United States MARRIED NEVER MARRIED AN	NE ARUNDELY COUNTY
GLEN BURNIE	NORTHENARINDELET MOSPITAL (1996 OF WORD	OCCUPATION K FOR MOST OF WORKING LIFE) I/A I/A I/A
Maryland	Anne Arundel Glen Burnie YES 🗌 🔌 🔯 137 Lo	ADDRESS / ZIP CODE Duise Terrace/21061
TA FATHER'S NAME FREST Stephen	P. Olsavsky Theresa	M. Linton
WAS DECEASED EVER IN (YES, NO OR UNKNOWN) NO 18 CAUSE OF DEATH	U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (# YES, GIVE WAR OR DATES) Parents (Same as #1	ADDRESS
TONO TO THE PERIOD OF THE PERI	DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF (c)	APPROXIMATE RITERVAL BETWEEN ONSET AND DEATH
THECORDS, LEADED TO THE CORDS, LEADED TO THE CORDS, LEADED TO THE CORDS ON INITIAL THE CORDS	CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE LASTIC LEFT LEGAL SYNDROME 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTO YES D	DPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
ON OF THE PROPERTY OF THE PROP	JSE OF DEATH HOUR A.M. MONTH DAY YEAR LEXAMINER) P.M. 19	STURE OF INJURY IN 11EM 18, PART 1 OR PART 2)
A Mook Wille Willer House Medical Mark Mook Willer	(AT HOME STREET EACTORY OFFICE FARM STC) STREET	CITY OR LOWN COUNTY STATE
22a.1 certify that (I) (i) sow the deceased obove, (I) (we) (did not	Olive on 19 19 19 19 19 19 19 19 19 19 19 19 19	STAFF BRIVE 9-19-86
PP 23. BURIAL, CREMATION, R	MOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY West West Crematory West	TION VIEW, Baltimore, MD State
DHMH - 16 50M 4/83 (VRA 15, 4) 24 FUNERAL DIRECTOR NAME BARRANCO 49	MAKKIND2 146 1250 DATE REC'D. BYR SEVERNA PARK AUG 25	EGISTRAR 256 REGISTRAR'S SIGNATURE

7606	FOR STAT	E STRAR		DEPARTMENT OF	TE OF MARYLA HEALTH AND A IFICATE OF C	MENTAL HYGI		2 I	60	7 EDT
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1 1626	COUNTRY		USA	MARE	IED NEVER A	VORCED 🛣		RUNDEL C		MD.
1 11 14	10 CITY OR	TOWN OF DEATH	11. NAME OF HOSPITA	, GIVE STREET ADDRESS)		NOITUTION	120 USUAL OCCU	JPATION AOST OF WORKING LIFE	12b. KIND O	F BUSINESS OR
建プエ		BURNIE	NORTH A	RUNDEL HO	SPITAL		SOCIAL W	OR H .	D.C.	GOVT.
TAR	13a STATE	BENCE (IF NORSING HORRE	OR OTHER INSTITUTION, GIVE RESIL JINTY 13c. CIT	YOR TOWN	13d INSIDE C		130. STREET ADDR	ESS / ZIP CODE	T.	20716
10/6/	A FATHER	THONY	JAY OR	PARK	15. MOTHER'S	FIRST	E MID	DIE	BEL	EN PL
Property Co.	TYES, NO	CEASED EVER IN U.S. A	ARMED FORCES? 16b SO	CIAL SECURITY NO	17 INFORMA	1	17	DDRESS 706 PLY.		CT.
low requires that the seen signed by the seen signed by the please reprior to burial, cressony injury, or other	PART O	e (a), stating the brlying couse last. 2 OTHER SIGNIFICANT	DUE TO, OR AS A C (c) (CONDITIONS CONTRIBLE 196 CONDITION FO				NAL DISEASE OR	20b. IF YES	EN IN PART TO	NGS USED
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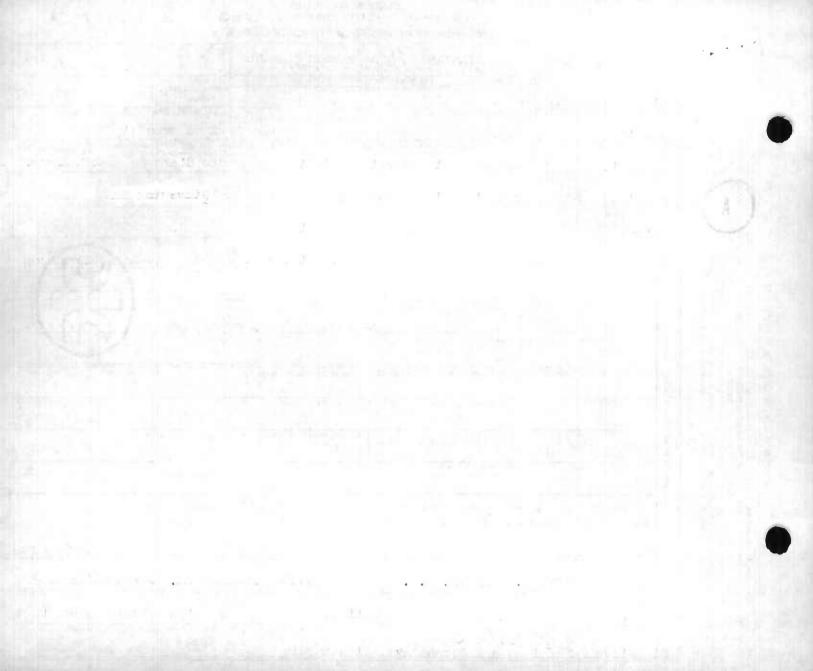
	1-	FOR STATE	DEPAI	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL	HYGIENE 0 2	000
15206		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
10200		CEASED NAME FIRST	WIDDLE	1AST	20. DATE OF DEATH MONTH	10 110011 1171
oge dead		Emily	Д.	Owen		6 86 10:35 M
frer d	3. SE	1 AVKA	CE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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2744		RTHPLACE (STATE OR FOREIGN 76. C	ITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED	BALTIMORE CITY OR COL	UNTY OF DEATH
1860	U	Disconsin 1	USA	WIDOWED DIVORCED	1 Anne Hru	indel MD.
23/1/	10 CI		NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR	SING HOME OR OTHER INSTITUTION REET ADDRESS)	120 USUAL OCCUPATION (TYPEOF WORK FOR MOST OF WORK	12b. KIND OF BUSINESS OR INDUSTBY
13/20		verna tack M	Pridian Nu	rsing Center	Teacher	Tiana
2000	Osus De S	L RESIDENCE (IF NURSING HOME OR OTHER	R INSTITUTION GIVE RESIDENCE BET	FORE AD(I)SKON) DWN . 13d INSIDE CITY LIMIT	S? 13 STREET ADDRESS / ZIP	CODE
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" 弱 》	0	arence I.	Richter	Hele	nomary	Mover
7 4/		AS DECEASED EVER IN U.S. ARMED		CURITY NO. 17 INFORMANT	AD CESS	80 Holly Drive, N
02 1/		No -	395-20	6.0581 E 1Zabe	th Vosbury Ar	mapples mp21401
247/		18 CAUSE OF DEATH (Enter only an	e cause per line far (a), (b),	and ic	0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ph. smo		PART I. DEATH WAS CAUSED BY	AUSE 10) CAROLI	PULTIONANO	1 AnnusT	
ding parban or rem			DUE TO, OR AS A CONSEC			
ive consormation,		Conditions, if any, which	(b) CItno		PALLUNIA	
the o		gave rise to immediate	DUE TO, OR AS A CONSEC			
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signed hen ple a buria jury, ar	Z	PART 2 OTHER SIGNIFICANT CONT	DITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION	N GIVEN IN PART Tra
S T G A	CERTIFICATION	19a DATE OF OPERATION	19h CONDITION FOR WHI	CH OPERATION WAS PERFORMED	200 AUTOPSY2 20b.	IF YES, WERE FINDINGS USED
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OR. or use 1 is n		22a 1 certify that (I) (this spital) of sine the decount of air an	mended the deceased train		wian death accurred an the date an	, 19, that (1) (4) last
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DiRE Oched Dept. If them		226 SIGNATURE		DEGREE ATTENDI	NG MEDICAL STAFF	22c. DATE SIGNED
RAL det		Mr gru		PHYSICIA		18/18
FUNERAL old be det or the State		PHYSICIAN'S MAME (TYPE OR PRIN		22e ADDRESS		70
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Od + dx	23a E	URIAL, CREMATION, REMOVAL 23	b. DATE 23	NAME OF CEMETERY OR CREMATO	ORY 23d LOCATION	WOUNTYL SMITE
Bb————————————————————————————————————	1	Burial F	Jug 9, 1986	Hillcrest	Annapolis	AA MIL
	1	URIAL, CREMATION, REMOVAL 73	Jug 9,1986 2.	Hillcrest	DATE REC'D. BY REGISTIAR 256 RE	GISTRAR'S SIGNATURE

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门啊—	15884		STATE REGISTRAR		CERT	FICATE OF DEATH	REG. NO.		
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E	25 Jan	130 5	STATE 1136 COUNTY	/ 13c.	CITY OR TOWN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS / Z	IP CODE	
A S			Md. A.	Arundel	Annapoli	YES NO	130 Hearn	e Road	21401
Y 4	161 101	14 FA	THER'S NAME	DDLE	LAST	15 MOTHER'S MAIDEN N	AME	11000	
AAR D	能必				lebzak	Patricia	MIDDLE		Siemon
E e	8- 1-	-	James Vas deceased ever in U.S. arme		SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS		OTCHOIL
OR SXE	Pages medica		YES, NO OR UNKNOWN) (IF YES, GIVE V		SOCIAL SECURIT NO.	IT- INFORMAINT	ADDRESS		
N oc	e de		NO		214-22-70	89 Mr. Robe	rt J. Matur	e - Sa	me as #13
ALI	of.		18. CAUSE OF DEATH (Enter only	one couse per line	for (p.), (b), and (c)	0 0			APPROXIMATE INTERVAL
	phy nov nov		PART I. DEATH WAS CAUSED	BY:	(areen	m D	AL D		
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ESI	out our		Conditions, if ony, which	(b)	~	willy from	lung		
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND DIVISION OF VITAL RECORDS, AND THE IDECTION OF PRINCIPLE AN	bu bu	z	PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTI	KIBUTING TO DEATH BU	I NOT RELATED TO THE TER	MINAL DISEASE OR CONDI	ION GIVEN IN F	PART TIO
ORC	9-0 4	은							
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7 4	T SEE B		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M.	MONTH DAY YEAR				
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6	B 8 25 2	1	saw the deceased alive on	7/34/3	10		death occurred on the date		
	TO THE		obove, (I) (we) (did) (did not)	view the body ofte	r death.		. deam occorred on the dote		- 1
	* E353		226. SIGNATURE	1)		DEGREE	MEDICAL STAFF	220	C. DATE SIGNED
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5	FUNER Life Se ORTAN		224 PHYSICIAN'S NAME TYPE OR P	RINT)		22e ADDRESS		- 1-0	
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0	of A	_						100	
-	· medical solid		SURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF	CEMETERY OR CREMATORY	23d LOCATION	COUNT	TY STATE
	BP	,	Removal	8-1-86			2 0	COON	SIMIC
		24. FU	JNERAL DIRECTOR		The state of the s	25g D.4	TE REC'D. BY REGISTRAR 25	REGISTRAR'S	SIGNATURE
DH	MH - 16 60M 7/84		NAME	D	ADDRESS D = 1 +	A I AU	G 51986 1	ulia David	- 40
	(VRA 15, 4)		Anatomy	Board	Balt	o., Md.	g	was andered	1520- Kindally

AUG DIBBO STATE CONTRACTOR

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		FOR STATE				DEPARTMENT OF HEALTH AND MENTAL HYGIENG 2 0 / U							
10.1	5010	REGISTRAR				MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.							
	3068		E OR PRINT)	CHARLES	NI)	WILLIAM PARDOESR SR. 20 DATE KNOWN W MONTH DAY YEAR 126 HOUR OF ESTI- DEATH MATED AUG. 8 19 1/9/15							
	AND THE PARTY OF T	3.5EX	-	RACE	5. DATE OF BIRTH	6. AGE (IN Y		NDER I YR. IF UNDER			MONTH DAY	Y YEAR 2d. HO	UR
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212	A SECTION		aryland	10000	ne Arundel	Glen Burn	nie	YES NO NO	1826 Ri		Rd.	21061	
9	tar flahn	14. 9 /	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDE	NAME	MIDDLE		LAST	=
m.	137/4	M	ilton		T.	Dander	inc.	Thelma		E.		Johnso	
Q	20570	16a. V	VAS DECEASED		ARMED FORCES?	Pardoe 6	NO.	17 INFORMANT	/*** C >	ADDRESS			
BALTIMORE, MD. 21201	E37.853		ES, NO, OR UNKNO	WM) (IF YES, O	JIVE WAR OR DATES)	218-16-13	.88	Charlotte	(Wife)	e (sa	me as#:	13 above)	
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DIVISION OF VITAL RECORDS.	HIS CERTIFICATE SHOULD BE EXECUTED WRITING THE WORD "PENDING" IN PRARDED TO THE CHIEF MEDICAL EXANGED SHOULD BE USED AS A BURIAL. ATE DEPARTMENT OF HEALTH AND MEDICAL EXPLORED BY HEALTH AND MEDICAL CREMATION, CLEMATION,	NO	PART 2 OTNER SI	INIFICANT CONDITI	ONS CONTRIBUTING TO OLATH	BUT NOT RELATED TO THE TER	MINAE OISEA!	SE OR CONDITION GIVEN IN PA	RT T to				
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0 2	SH SH	AF	UNDERLYING	OR CAUSE		MONTH DAY YEA	R						
Sio	SHO TO TO	MEDICAL	214 INJURY C			DF INJURY (ATHOME.	211 LC	CATION					_
N	RETIE DE	A A	WHILE	NOT WHILE	STREET, FACT	TORY, FARM, ETC.)		STREET	CITY OR TO	NWC	COUNTY	STATE	E
			AT WORK	AT WORK			- 42						_
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	10						TITLE (SPECIFY)						
	AL PALE	0	ACTUAL SIGNATURE	9_	- 2 Whin	6	^	A.D	MEDICAL EXA	MINER	DATE SIGNED	1-9-86	
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	TO MEDI EXECUTE PAGE 4 TO FUNE AFTER DE BANTIMO		EXAMINER'S (TYPE OR PRI	NAME Jam	es E. Wheel	er, M.D.		ADDRES 1116 GE	umbottom	Rd. Cro	wnsvil	Le 21032	
	534544	23e. B	URIAL, CREMA	ION, REMOVA	AL 236 DATE	23c. NAME OF CI	METERY C	OR CREMATORY	23d LOCATION		COUNTY	STATE	=
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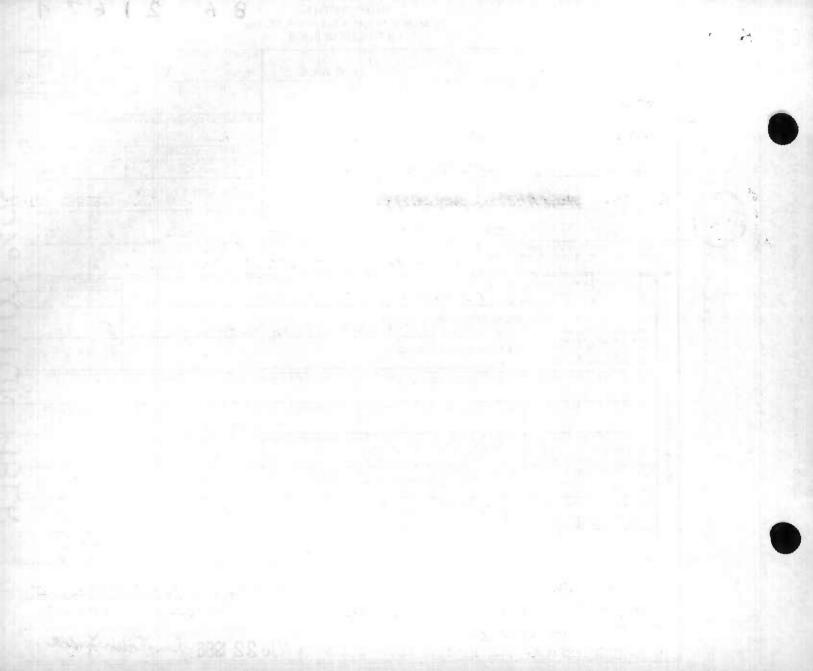
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-16296		REGISTRAR CEASED NAME	FIRST		MIDDLE		AST DEATH	REG. N 20. DATE OF DEATH	MONTH DA		2h HOUR
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low requires that the set the set of the set	CERTIFICATION	cause (a), statin underlying cause PART 2. OTHER SIGN 19a. DATE OF OPERAT	last.	(c) ONDITIONS <u>C</u>		DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	20b. IF YES,	WERE FINDIN	GS USED
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KCLAN B phys certhco mol th mol th		OR CONTRIBUTING C	AUSE OF DEAT	TH HOUR A.		DAY YEAR	THE HOW INSORT OCCOR	LED LENIER NATURE OF INJU	KY IN IIEM 18 PAI	RITORPART2)	
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		BURIAL, CREMATION,		23b. DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
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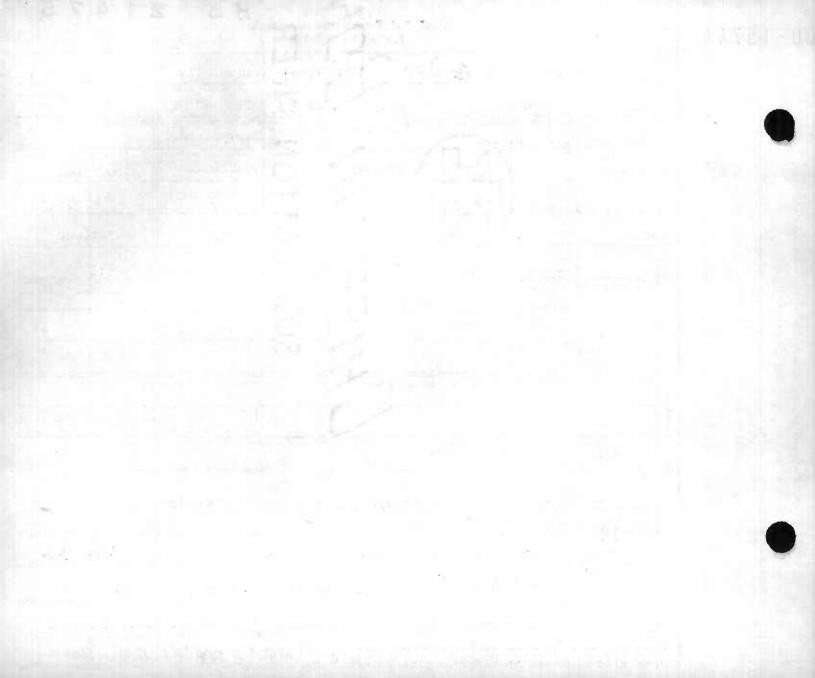
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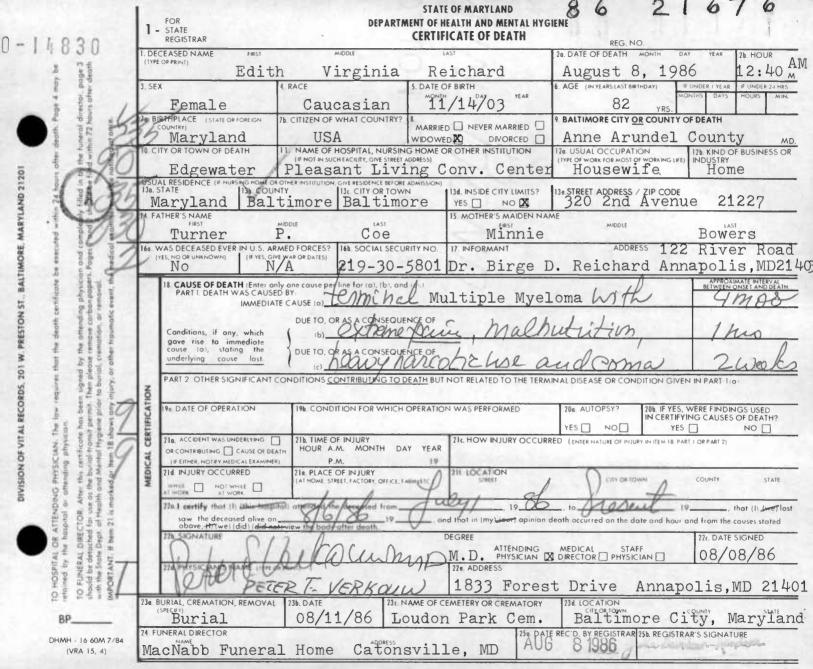
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IIMORE,	be execu	medical		vas deceased ever ves, no or unknown) NO		MED FORCES? E WAR OR DATES)	215-0			INFORMA Rober	t M. Pi	lckeri	ing 84	Mervil 25 Tho	le Md rnton	21093 Rd	
ST., BALI	rtificate g physicia	emoval.		18. CAUSE OF DEATH PART I, DEATH W		nly one couse per D BY: TE CAUSE (o)	r line for 10),	(b), and 10	ntreu	ilv.	felrell	il			. 6.5	ONSET AND DE	ATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND	es that the death ce	please remave carb urial, crematian, ar r r, ar other traumatic		Conditions, if ony, gove rise to imm couse (a), statin underlying couse	nediate g the last.	(b) DUE TO, O tc)	R AS A CON	ISEOUEN	190	uli'r	myor TO THE TERM	find lind	nfere	LL DITION GIV	D Q	desp.	
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Y.	4 5 5	E E		21a. ACCIDENT WAS UND			F INJURY	H DAY	YE AR	t. HOW IN	JURY OCCUR	RED (ENTER	NATURE OF INJU	RY IN ITEM 18 P	ART I OR PART 2)		
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Sio	PHY	700 BD	MED	21d INJURY OCCURE		21e PLACE (AT HOME, STE	OF INJURY REET, FACTORY, (OFFICE, FARM		I LOCATION STREET			CITY OR TO	WN	COUNTY	STA	TE
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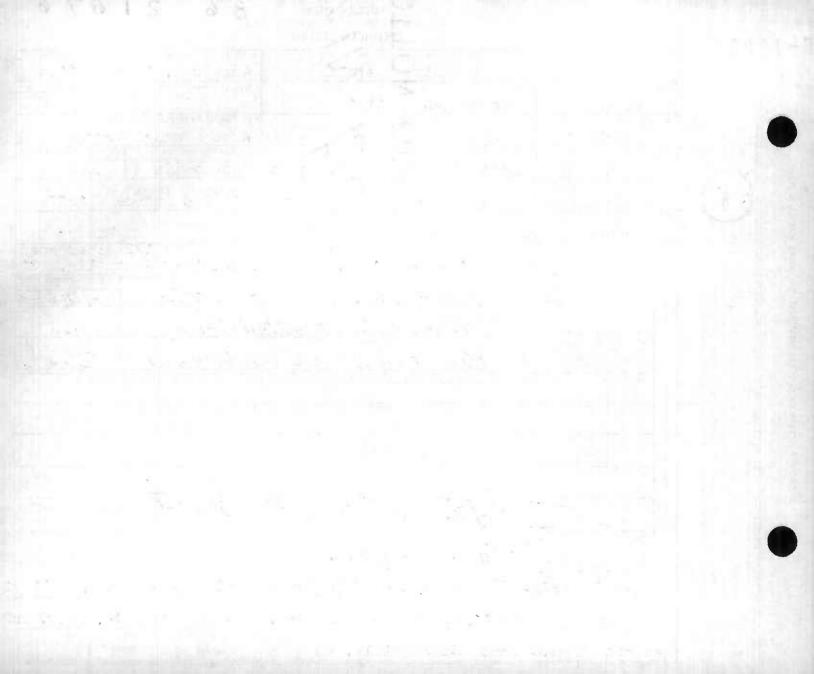
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGINE O FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME DATE KNOWN Y (TYPE OR PRINT) OF Casmir Walter DEATH MATED Pierzchalski 20/19 86 4 RACE 5. DATE OF BIRTH AGE / IN YEARS IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY PRONOUNCED 9 29 Male 20 65 White DEAD 20/19 86 76. CITIZEN OF WHAT COUNTRY? A BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED Maryland U.S.A. Anne Arundel County, WIDOWED DIVORCED ID CITY OR TOWN OF DEATH 20 USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE)
Supervisor Beth Steel Pasadena Bodkin Point JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AGAISSION) 136 COUNTY Pasadena 13d. INSIDE CITY LIMITS? 1815 Division Rd Maryland A.A. XXON 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE John Julia Pierzchalski Rykowski 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 214-10-0241 Antoinette Pierzchalski Same as 13e 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Drowning TMMEDIATE CAUSE (a)_ DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION E3 SHOULD BE USED A DEPARTMENT OF HEA II PRIOR TO BURIAL, (USED / 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING X OR CONTRIBUTING CAUSE OF DEATH 6:30 KM 8/ 20/1986 subject fell from crabbing boat 714 INJURY OCCURRED 21e PLACE OF INJURY TAT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE WHILE AT WORK Bodkin Point. Pasadena. Anne Arundel Water Autopsy X 220 I certify that I took charge of the remain described above, held an Inspection death resulted from: Natural causes Suicide Homicide Undetermined manner TITLE (SPECIFY) TO M. EXECUTE PAGE 4 SHO. TO FUNERAL D. ACTUAL DATE M.D. Assistant MEDICAL EXAMINER 8/21/86 SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. ADDRESS 111 Penn St. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION SPECIFY Burial 8/23/86 Glen Haven Mem Park Glen Burnie Md 07/84 BP 25M 24 FUNERAL DIRECTOR **DHMH - 17** George J. Gonce 4001 Ritchie Hgwy Balto Md (VR A15 ME (5))

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1 0 0 - 1:6 4 10 4	1-	FOR STATE REGISTRAR		DEPAI	RTMENT OF H	OF MARYLAND EALTH AND MENTAL HY CATE OF DEATH	GIENE	6 REG. NO	21	67	4
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moy be poge 3		NEILIE		D.	T	limack					o AM
4 mo	3. SE		4 RACE		S. DATE O		6 AGE	IN YEARS LAST BIRT	MON		JNDER 24 HRS
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deoth. P	IF	RTHPLACE (STATE OR FOREIGN COUNTRY) RELAND	76. CITIZEN OF W	Α	WIDOWE	NEVER MARRIED		ANNE AR	UNDEL	co.	MD.
201	AN	TY OR TOWN OF DEATH	(IF NOT IN SUCH	FACILITY, GIVE STE NE ARUN	REET ADDRESS) IDEL GEN	NOTHER INSTITUTION	(TYPE OF V	AL OCCUPATION OF THE SEWIFE		126. KIND OF BUINDUSTRY AT 1	
AND 212	13a. S	AL RESIDENCE (IF NURSING HOME OR TATE 13b. COUNTAINE)		13c. CITY OR TO		13d INSIDE CITY LIMITS? YES 🔏 NO 🗌	114	T ADDRESS / GRANAL	ZIP CODE A AVE.	2XXXQ	k 2140
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IMORE on ond on ond Poge		VAS DECEASED EVER IN U.S. ARI (ES, NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? E WAR OR DATES)	219-28		17 INFORMANT MR		ROLYNORE ANNAPO	ONNER LIS, M	D 2140	1
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 BING PHYSICIAN: The law requires that the death certificate be exaggined within 24 hours retificate by sician. When this certificate has been signed by the attending physician and crapitates the asset the buriol-transit permit. Then please remove carbon papers. Page and trapitate than and Mental Hygiene prior to buriol, cremotion, or removal. The national 8 shows any injury, or other traumatic event, the medical commerciant being a strong and a strong a strong and a strong and a strong a strong and a strong and a strong a strong a strong a strong and a strong a stron	No	Conditions, if any, which gave rise to immediate couse loi, stating the underlying couse last. PART 2. OTHER SIGNIFICANT C	(b) DUE TO, OR (c)	AS A CONSECUTIVE AS A CONSECUTIVE OF THE PROPERTY OF THE PROPE	QUENCE OF	NOT RELATED TO THE TER	Inut	ASE OR CONE	DITION GIVEN	5 day	
AL RECOR	CERTIFICATION	190 DATE OF OPERATION	196 CONDIT	ION FOR WHI	ICH OPERATION	WAS PERFORMED	20a Al	JTOPSY?	20b. IF YES, W IN CERTIFYIN YES [VERE FINDINGS	USED DEATH?
N OF VITA SICIAN: Th ng physicia certificate I rial-transit tental Hygie		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M	. MONTH	DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTE	NATURE OF INJUR	Y IN ITEM 18 PART	1 OR PART 2)	
NG PHYSION offending offer this ce free this ce to she buring hond Mer	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE O	F INJURY E1, FACTORY, OFFI	CE, FARM, ETC)	211 LOCATION STREET		CITY OR TOV	VN	COUNTY	STATE
OR ATTEND he hospital or DIRECTOR, A coched for use to Dopt, of Head If Item 21 is m		27a.1 certify that (1) (this haspii saw the deceased alive on abave, (1) (we) (did) (did nai 27b. SIGNATURE	8/1	15	, an	d that in (my) (our) apinian DEGREE	death occu	AL STAF	F		
O HOSPITAL eforned by th TO FUNERAL should be dete with the State		22d PHYSICIAN'S NAME (TYPE O	R PRINT }			PHYSICIAN 27e. ADDRESS ANNE ARUNI		N. HOSE		NAPOLIS	, MD
BP	23a. 8	SURIAL, CREMATION, REMOVAL SPECIF BURIAL	AUG. 20	,1986	CHIZUK	METERY OR CREMATORY	23d. LC	CATION BALITIMO		OUNIMARYL	
DHMH - 16 60M 7/84		INERAL DIRECTOR SOL	LEVINSO			21215 Al	IG 2.2	Y REGISTRAR	No REGISTRAL	R'S SIGNAFURE	JE.

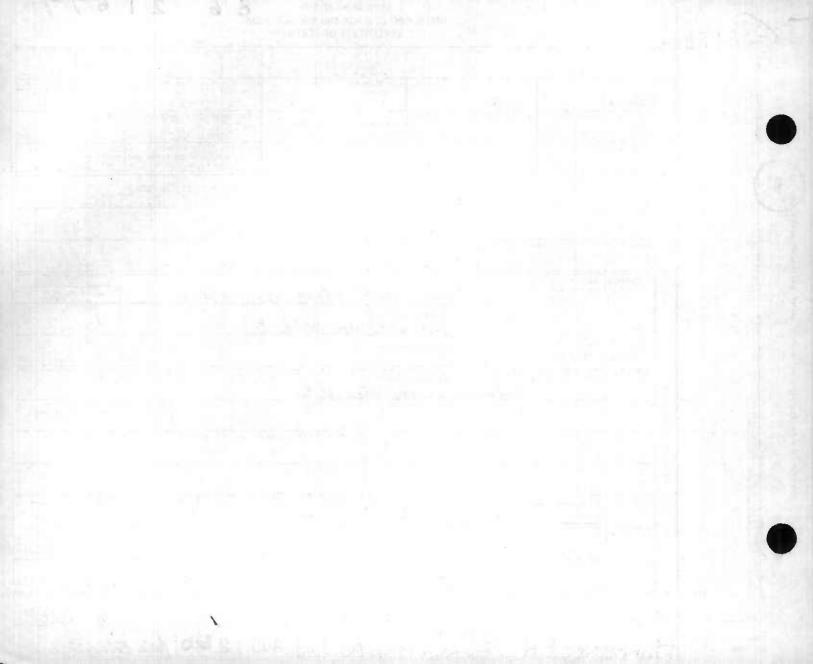




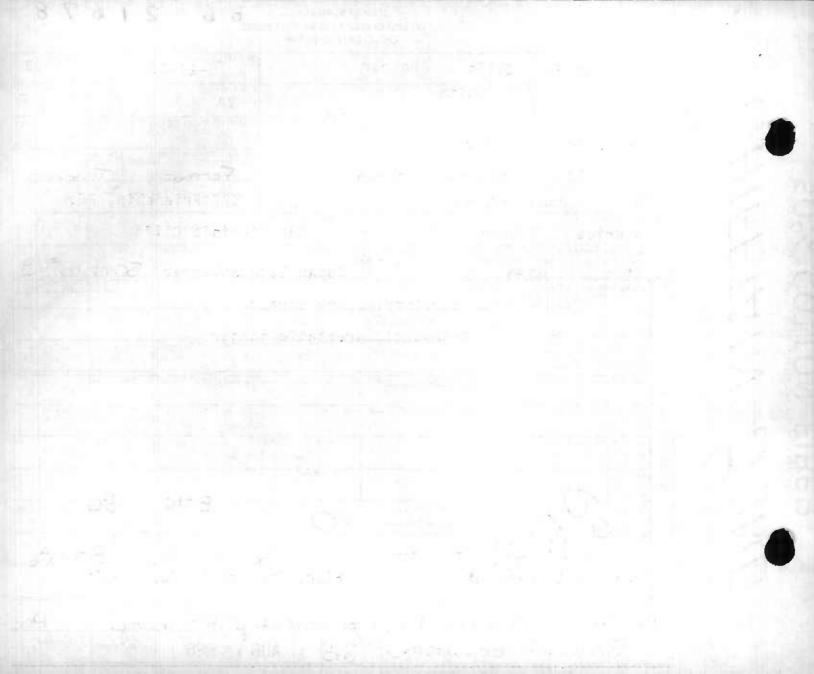




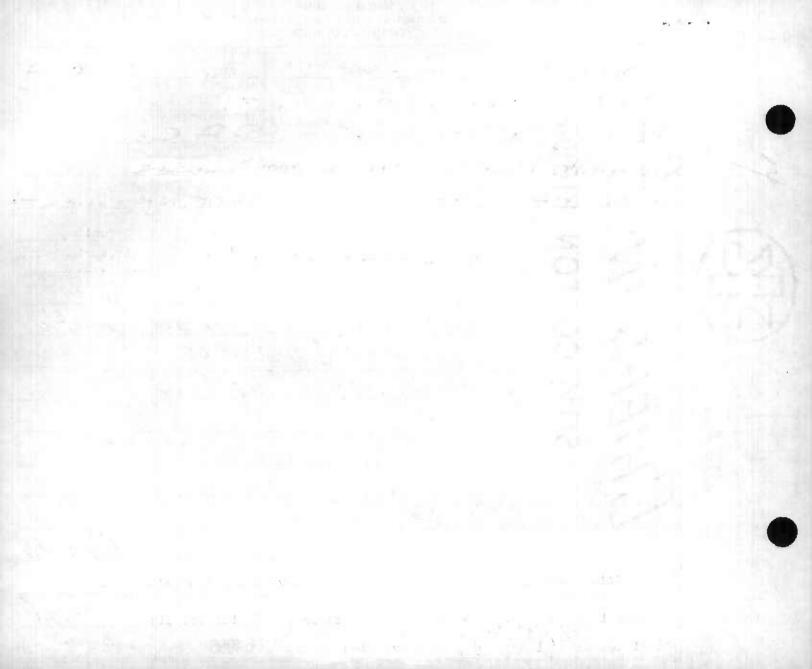
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		U		EASED NAME	FIRST		MIDDLE		AST	20. DATE OF DEAT	H MONTH D	AY YEAR	2b. HOUR
	nay be page 3 r death	74	1		ura		М.	Ro	gers		08-06	-1986	11:20am
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	P. P	69	7a. BI	RTHPLACE (STATE OR FO	ORE IGN	76. CITIZEN OF	WHAT COUNTRY?	8 MADDIE	D NEVER MARRIED	9 BALTIMORE CI	TY OR COUNTY	OF DEATH	
	leoth]	New York			d States	WIDOW	DIX DIVORCED	Anne	Arunde	1 Co.	MD.
	1 11/	10	10. CI	TY OR TOWN OF DEA	TH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCU			BUSINESS OR
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(E G	the hand	76	13a. S	AL RESIDENCE (IF NURSII TATE	NG HOME OR 13b COUN A.A	1TY	136. CITY OR TOW		13d INSIDE CITY LIMITS?	130 STREET ADDRI		/ 21012	
×	4	50	_	THER'S NAME					15. MOTHER'S MAIDEN NA	ME			
MAR	B 17/3	4	1	William		MIDDLE	Burse		FIRST	Unknown	DLE	LAST	
RE, I	ecut	0 /		AS DECEASED EVER I			166 SOCIAL SECU	RITY NO.	17 INFORMANT		DDRESS		
J.WO	9 6 6 K	1/		es, no or unknown) VC	(IF YES, GIV	E WAR OR DATES)	271-01-7	639	Mrs. Lois R	. Hendric	kson (s	same as	13)
201 W. PRESTON ST., BA	that the death certificated by the attending physics remove carbonpaphic cremation, or remove	or other froumonic event,		Conditions, if ony, gove rise to imm cause [0], stating underlying cause	which ediote the lost.	D BY: TE CAUSE (0) DUE TO, O (b) DUE TO, O (c)	DR AS A CONSEQUE	ENCE OF	ula accidias	numoni t		~ 3,	AATE INTERVAL INSET AND DEATH MOD
RECORDS,	The law require con. Con. List been sign. List permit. Then plane poor to bu.	9	CERTIFICATION	190 DATE OF OPERAT	ION	Sendo 196 COND	MANUALLA DITION FOR WHICH	uo on	NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES, IN CERTIFY	, WERE FINDIN YING CAUSES (GS USED
JF VI	phys. phy. phys. p	9		210 ACCIDENT WAS UND	AUSE OF DE	HOUR A	M. MONTH DA		21c HOW INJURY OCCUR	RED (ENTER NATURE OF	F INJURY IN ITEM 18 PA	RT 1 OR PART 2)	
DIVISION OF VITAL	C PhrtSR Ilhending er ths ce the busic and Men	/	MEDICAL	(IF EITHER NOTIFY MEDIC 21d INJURY OCCURR WHILE NOT WHILE AT WORK	ED LE	21e PLACE	OF INJURY REET, FACTORY, OFFICE F	ARM, ETC)	211 LOCATION STREET	CITY	ORTOWN	COUNTY	STATE
ā	CTOR AN	17 H H H H		22a I certify that (I) a saw the decease above, (I) (we) (d	this bospi	81.	219	86.0	od that in (my) (aux) opinion	, to8 death occurred on	he date and hour		hat (I) (we) last auses stated
	HOSPITAL OR med by the bo FUNERAL DIFE wid be detective in the Store Dept			274 PHYSICIAN'S NO	aul	mn	ullin,	M	ATTENDING ATTENDING PHYSICIAN [MEDICAL DIRECTOR PH	STAFF IYSICIAN []	08-06	5-1986
	toined to FUN hould b					Mullin	ns, MD		Cape St. Cl	are Shopp	oing Ctr.	,Cape	St Clair
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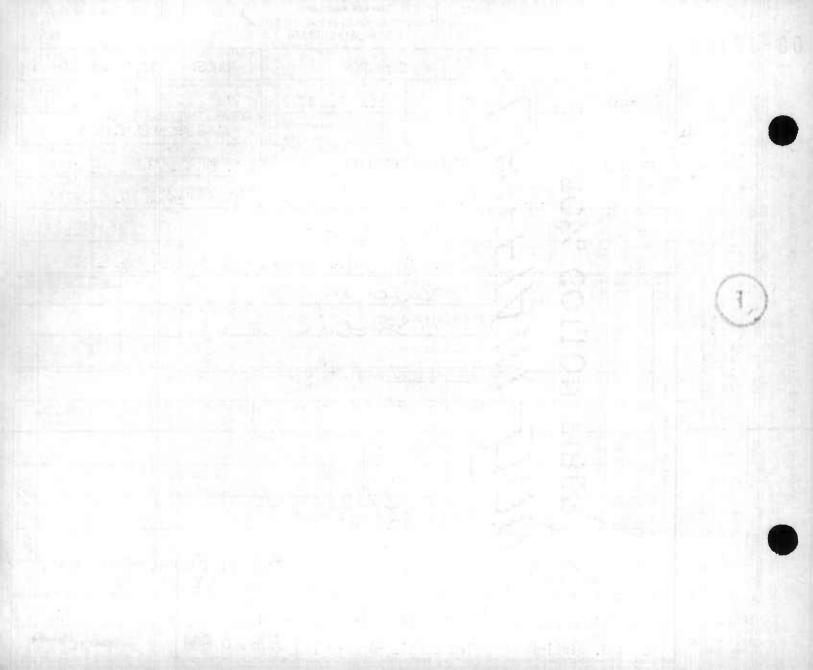
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The low requires that the dear cathelina be executed within 24 hours in offending physician.	by the att attractions ose remove to cremation attraction attractions.		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	(b)_	R AS A CONSEQ	92	dae	0	gen and the	ha		
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STATE OF MARYLAND



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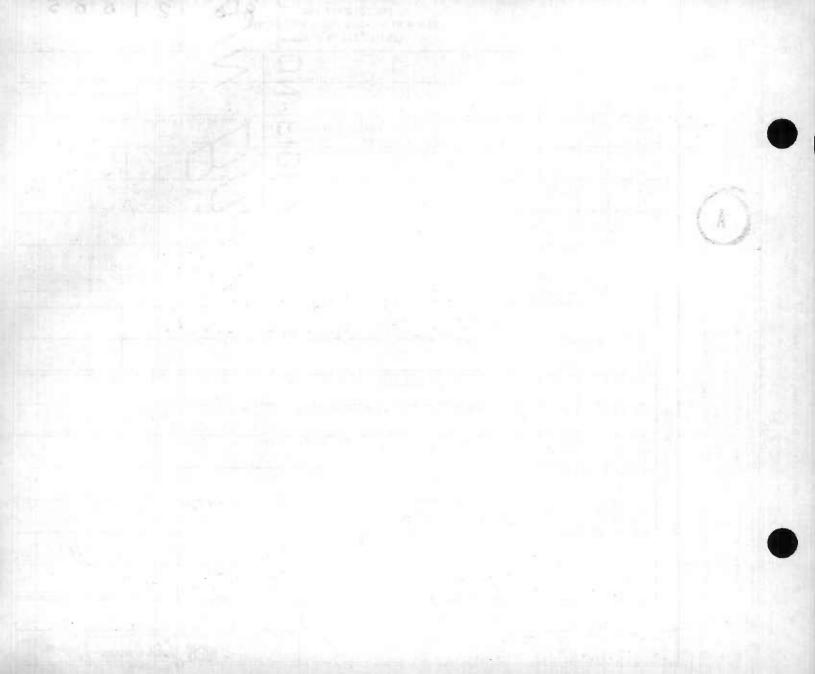
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gr 4 moy	3 SEX Female	4 RACE White	5. DATE OF BIRTH MONTH DAY MAY 22, 1913	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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MARY Officere	Nilliam	Robert Sch	indele Theresa	Anna	Antlitz
BALTIMORE, the execution and cc	160 WAS DECEASED EVER IN U. (YES, NO OR UNKNOWN) {IF Y	ES, GIVE WAR OR DATES)		on) ADDRESS 201	17th Ave.
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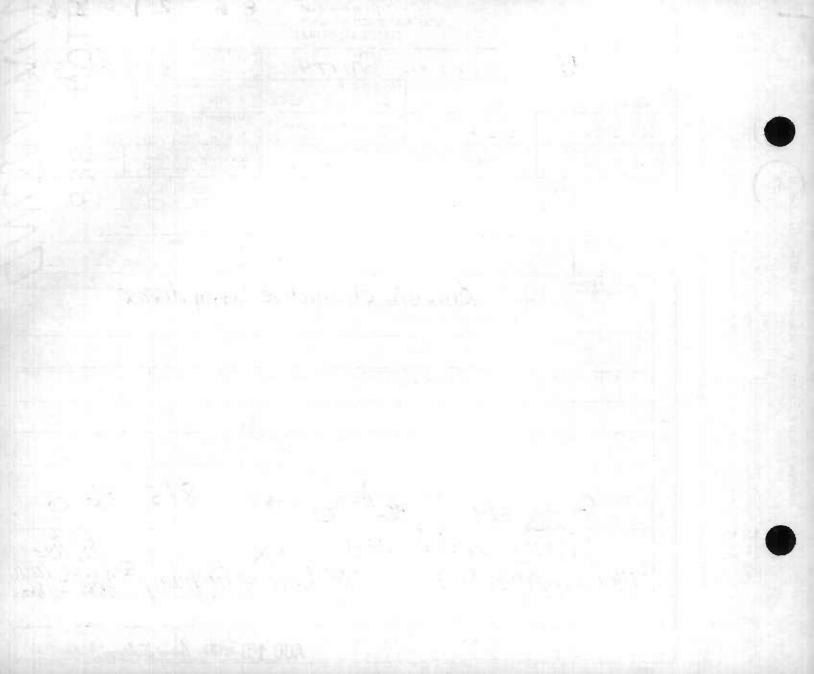
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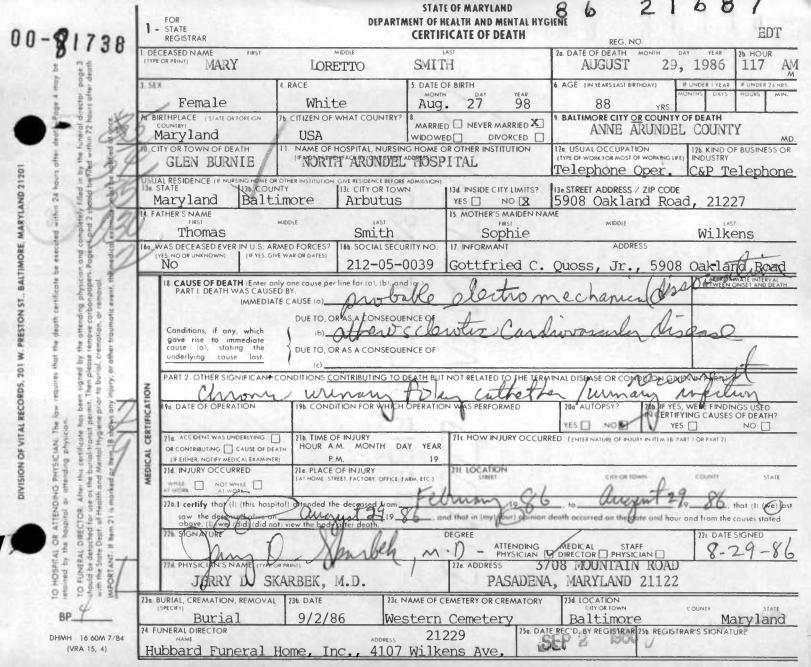
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STATE OF MARYLAND



8-0-	15186	1	FOR STATE REGISTRAR			DEPART	MENT OF HE	OF MARYLAND ALTH AND MENTAL H CATE OF DEATH	YGIENE	REG. NO.	21	6	8 6
	oy be		. DECEASED NAME (TYPE OR PRINT)			rard W	. 5	DITH	2a. DATE	OF DEATH M	3 5	86	26 HOUR 345
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WARYLA	mpletely and 2 sh		FATHER'S NAME		WIDDLE	LAST		5. MOTHER'S MAIDEN FIRST		WIDDLE			vzi
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CORDS, 201 W. PRESTON ST	ow requires that the death been signed by the ottend rmit. Then please remove co prior to buriol, cremation, a		gove rise (couse (o), underlying	r significan	t conditions <u>co</u>	R AS A CONSEQUI	DEATH BUT N	OT RELATED TO THE TE			TION GIVEN		
IT AL REC	hos hos	4	RTIFIC	/AS UNDERLYING	21b. TIME C		Lilin	21c. HOW INJURY OCC	YES [] 00 []	IN CERTIFYIN YES [ig cause:	S OF DEATH?
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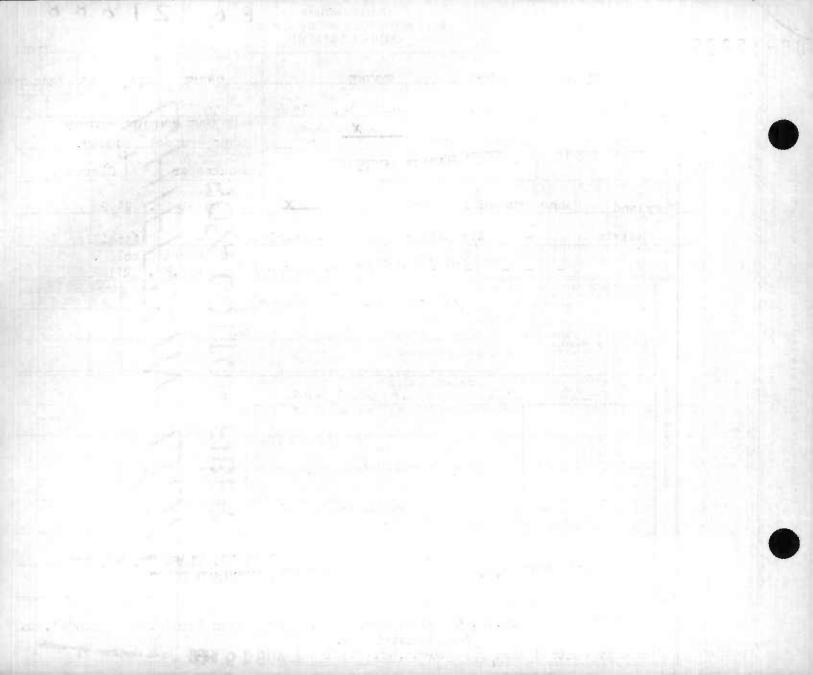




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CHILL SELECTION OF

- 15665	1-	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE REG. NO.	1000
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noy be poge 3		WIIMA	TEAN	SNVDER	AUGUST 1	3 1006 104F A
mo de les	3. SE		4. RACE	S. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS TAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
ge 4		Female	White	June 16, 1936	50 YRS	
necol dir 672 hou		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY	MARRIED M NEVER MARRIED WIDOWED DIVORCED	Anne Arundel	County. M
s offer d	10 C	TY BELEN PURNIE	(IF NOT IN SUCH FACILITY OF THE	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING BOOKKeeper,	126. KIND OF BUSINESS OF
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-15377		FOR STATE REGISTRAR		ARTMENT OF	TE OF MARYLAND HEALTH AND MENTA FICATE OF DEATH	H	REG. NO.	68	9
. oor		CEASED NAME FIRST OR PRINT)	WIDDLE		LAST		DATE OF DEATH MONTH		25 HOUR
oy be	0.05		BERT HARRY		NLEITER,		Aug. 11,	1986	M IF UNDER 24 HRS
4 mc or, p	3. SE		White	3. DATE	H DAY YEA	AR		MONTHS DAYS	HOURS MIN.
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104 00	1	altimore	17. NAME OF HOSPITAL, N 11F NOT IN SUCH FACILITY, GIVE 133 Cedar Hil	STREET ADDRESS)	OR OTHER INSTITUTIO		usual occupation peor work for most of working light Engineer		nghouse
n 24 ha sulled sould b	130 S		other institution give residence 13c. CITY OF Balti		13d. INSIDE CITY LIM	x 4	STREET ADDRESS	2122 Rd Apt	
mpletely	19 F/	Albert I	Harry Sonnen	leiter S	15. MOTHER'S MAID Bess:		B.	Hart	man
Poge		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV YES	F WAR OR DATES	SECURITY NO.	II. INFORMANT Elaine I	B. Kot	Glefi Burni mair 117 Nort		
ne deoth certificote te ottending physici smove carbon paper motion, or removal.		18. CAUSE OF DEATH lEnter or PART I. DEATH WAS CAUSE IMMEDIA' Conditions, if ony, which gave rise to immediate couse (o), stating the	DUE TO, OR AS A CON	ARDI SEQUENCE OF EAR LOW	190 K	JBR Hen	es Trulue	APPROXIMATION OF THE PROPERTY	AATE INTERVAL INSET AND DEATH INSET AND DEATH INSET AND DEATH INSET AND DEATH
requires that the signed by the please rate burial. cre-injury, or other	NOIL	PART 2. OTHER SIGNIFICANT (G TO DEATH BU	Arial	TE TERMINA	ndiony of a disease or condition of	Play 5 +	eus
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ottendid ter this is the bu h and M	MED	21d IN JURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY	OFFICE, FARM, ETC.)	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
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by the hor by the by the both by t		226 SIGNATURE 226 PHYSICIAN'S N	Morey F. E	des 1.	DEGREE ATTEND PHYSIC 220 ADDRESS	DING M	NEDICAL STAFF RECTOR PHYSICIAN	22¢ DATE S	12/86
		JEFFR EY	COLE		3455 Wil	lkens	Ave., Balti	imore,Mo	1.21229
Bb Or si Mi	23a. I	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	8/15/86		erans Ceme	tery	Crownsville	COUNTY A.A.	STATE Md
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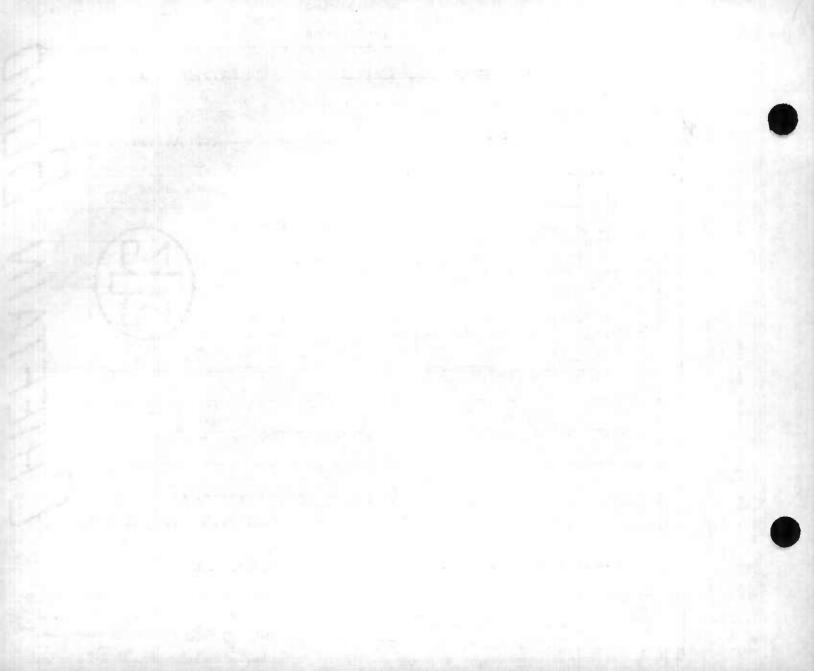
STATE OF MARYLAND FOR - STATE REGISTRAR REG NO DECEASED NAME 2ª DATE KNOWN 76 HOUR THE CH PRINTS ESTIennet DEATH MATED 7d HOUR DATE PRONOUNCED WHITE OCT DEAD 9 BALTIMORE CITY OR COUNTY MARRIED NEVER MARRIED WEST VIRGINIA U.S.A. WIDOWED X DIVORCED OTY OR TOWN OF DEATH II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12n USUAL OCCUPATION 126 KIND OF BUSINESS OR INDUSTRY SE MOST OF WORKING INSPECTOR WESTINGHOUSE 13d INSIDE CITY LIMITS? 113e STREET ADDRES 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME FIRST MIDDLE LAST LAST UNKNOWN EMMA UNKNOWN FORM ES 1 AN 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 821 Rambo Ct. 166 SOCIAL SECURITY NO I (IF YES, GIVE WAR OR DATES) YES 234.32.8433 (son Lansdown, Md Herbert A. Spicer 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (gr.) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNATIONS CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 to CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED. 20 AUTOPSY? YES | 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my apinion death resulted fram: Natural causes Homicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE EXAMINER'S NAME ADDRESS 695 America Crt., Davidsonville, Md. 21035 William P. Jones M.D. (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23d LOCATION Md. Cedar Hill Cemetery Brooklyn Burial Aug. 27, 1986 07/84 BP 25M 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH** - 17 the devidenting SINGLETON FUNERAL HOME, GLEN BURNIE, MD. (VR A15 ME (5))

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and the second second	CERTIFICATE OF DEATH REG. NO.	REGISTRAR		0.7	1520	11-
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8-12-86 43	Wormer Spranklin 8-	Jane	TITPE	leath	page 3	
	1 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY)	3. SEX	3. SEX	0	a bo	
YRS.		temale		to sun	rector	
R COUNTY OF DEATH	76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUN	70. BIRTHPLACE (STATE OR FOREIGN		2/1//	h. P.	
flrundel MD.		Colorado	C_{ℓ}	47	deat	
	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GME STREET ADDRESS) (1) WE OF WORK FOR MOST OF WORKING	O CITY OR TOWN OF DEATH	10 CI	180	he fe	
1.1	Hone Arundal General Hospital Homemake	Hongolis	U	De de	s of	5
2111.2	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	USUAL RESIDENCE (IF NURSING HOME 130. STATE 13b. COL	USU/	9 9	haur be	212
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rortwood		160. WAS DECEASED EVER IN U.S. A	16a V	1 = -	compl	BALTIMORE, MARYLAND
Same as	GIVE WAR OR DATES)			Page	Pogo	AOR
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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	only one couse per line for (a), (b), and (c).)	PART I. DEATH WAS CAUS		ope of the	physici physici papper	BA
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	DUE TO, OR AS A CONSEQUENCE OF	gave rise to immediate cause (a), stating the		emo er tr	the the	
	(c)	underlying cause last.		ase il, cr	hat by ase	
IDITION GIVEN IN PART 110	t conditions <u>contributing to death</u> but not related to the terminal disease or condition (PART 2. OTHER SIGNIFICANT			S STO	
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20b. IF YES, WERE FINDINGS USED	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF	190 DATE OF OPERATION	AT	I O D	w bee	Ö
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		210 ACCIDENT WAS UNDERLYING	ER	yg.		I
·	DEATH HOUR A.M. MONTH DAY YEAR	OR CONTRIBUTING CAUSE OF D		D E		J. V
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I, DEATH WAS CAUSED BY:	
PART I, DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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above (I) (we) (N) (idd not) view the body after death.	22c. DATE SIGNED
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JOHN SHANKING SY CAMP MARON RO	LIMANICO
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Sembington D. C.

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0	of Ode W	23a	BURIAL, CREMATION, REM			NAME OF C		CREMATORY	23d LOCATIO	7		
	3P		Burial		11, 1986				Elkri	dge	Howard	Md.
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3 1 7 0 2 1	1	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GENE 6 2	1703
-11021		DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
y be depth depth		William	1 A.	TOURVILLE, Sr.	August 30, 19	86 2:00 PM
ab)	3.	SEX	4. RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ctor s of		Male	Caucasian	July 30, 1918	68 yrs	MONTHS DAYS HOURS MIN.
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1000	2	Gambrills	1022 Christmas	Lane	Retired Milita	ry US Government
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OR ATTEND OR ATTEND DIRECTOR. J Sched for use Dept. of Hem 21 is m		saw the deceased alive a	A		n death occurred an the date and h	
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	2	FUNERAL DIRECTOR			TE REC'D BY REGISTRAR 256 DEC	ISTRAP'S SIGNIATURE
DHMH - 16 60M 7/ (VRA IS, 4)		Beall Funeral Ho		D 20715-3043	SEP 3 1986 year	Marker Handalle

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10000	STATE OF MARYLAND 1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.						
. 1 6 9 9 9	1. DECEASED NAME FIRST (TYPE OR PRINT) BARBA	IRA C.	TROTTA	AUGUST 26, 1986 12 HOUR			
ge 4 mo	3. SEX FEMALE	4. RACE CAUCASIAN	5. DATE OF BIRTH OCTIVITY 15 PAY 1905		IF UNDER 1 YEAR IF UNDER 24 HI		
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ed within	FATHER'S NAME ELMER	RNER					
n and ce Pages 1	160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, O	RMED FORCES? 166 SOCIAL SEC SIVE WAR OR DATES) 164 24		ADDRESS	E AS 11		
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BP	230 BURIAL, CREMATION, REMOVA	L 236 DATE 236	NAME OF CEMETERY OR CREMATORY				
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 FUNERAL DIRECTOR ROBERT E. EVA	NS 1212 WESTESS	ST. ANNAPOLIS S	TE REC'D. BY REGISTRAR 256. REGISTE	AR'S SIGNATURED		

STATE OF MARYLAND



		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGINE 6 2 1						70	6	
10.	Phhan	1 - STATE REGISTRAR		ME	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.					
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MD.	A S. 32.	14. F	ATHER'S NAME	WIDDIE	LAST	15. MOTHER'S MAI	DEN NAME MIDD	u.E	LAST	
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	DAY DEA	23a E	SPECIFY)	236 DATE	23c. NAME OF C	METERY OR CREMATORY	23d LOCATION			TATE
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	DHMH - 17	24. F	UNERAL DIRECTOR	ADDRES ADDRES	21	231		256 REGISTRAR'S	TAX A.	R.
	(VR A15 ME (5)) 20M 4/82	4	ILLY 4LE	LERING	1701 E.	ASTERNAVEA	JG 2 8 1986	d		

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	1	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIE	36 21707
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24 hour illed in muld be	USU 13a	JAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AIRLISSION) STATE 136. COUNTY 137. INSIDE CITY LIMITS? 13	STREET ADDRESS / ZIP CODE Edgewater, NO
Sh y	14 F	ATHER'S NAME 15 MOTHER'S MAIDEN NAME	201 DIXODA Orive 263°
Marie de la	1	D'LLION FORD LEBAN FIRSTORFY	4 MIDDLE DECOTSEH
S Co	160.	WAS DECEASED EVER IN U.S. ARMED FORCES? III SOCIAL SECURITY NO. 17 INFORMANT	ADDRESS Same as
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		William P. Jones, M.D. 695 America Court	Davidsonvilel, Md. 21035
0 % 5 % \$ \$ 4	23a	BURIAL, CREMATION, REMOVAL 236 DATE 236. NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR JOWN STATE
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for head of the he		226. SIGNATURE	Ve O PALL	DEGREE		EDICAL STAFF	224 DATE SK	86
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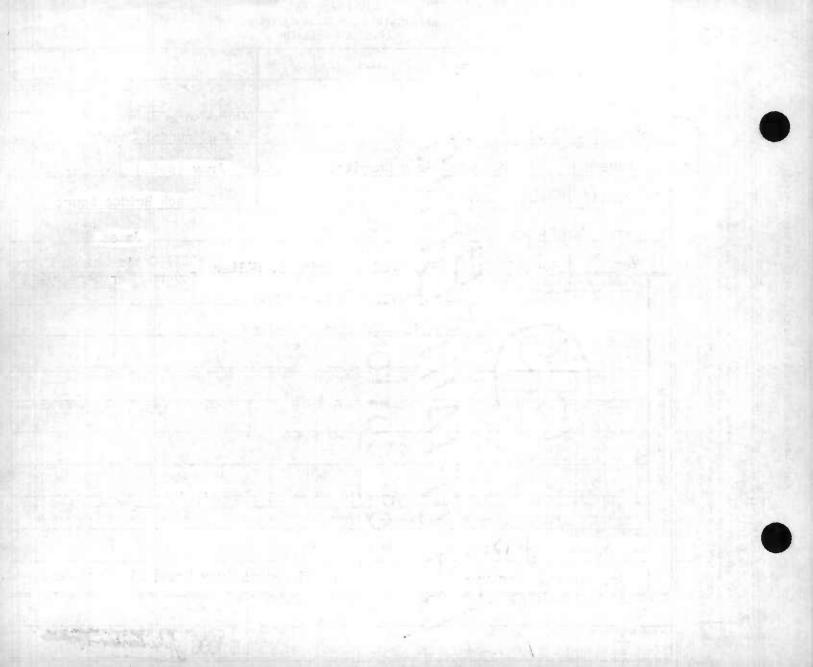
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M		1	STATE OF MARYLAND OR 9, 21bcdef, 22a, Film GEPARTMENT OF HEALTH AND MENT	AI 18 2 1 /	0 7
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ALTI	A ROSE	"	S. NO OR UNKNOWN) [IF YES, GIVE WAR OR DATES]	ria C. Wardner-	#1.3
3	S S S S S S S S S S S S S S S S S S S		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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DIVISION OF VITAL RECORDS.	ULD BE EXECUTED WITHIN 2: HOWERDING" "PENDING" IN PENCIL IN JEWNER ALONG EXAMINER ALONG EN AS A BURAL "TRANSIT TER HEALTH AND MENTAL HYGIENEL, CREMATION, OR REMOVAL!"	Z	AND TO THE PERMINAL PROPERTY OF CONTINUOUS OF STATE BOT NOT RETAINED TO THE TERMINAL DISEASE OR COMMITTION GIVEN	IN PART 1:0).	
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IVIS	OER 3 SI	MEDICAL	216 INJURY OCCURRED 210 PLACE OF INJURY (AT HOME. 211, LOCATION STREET, FACTORY, FARM, ETC.) STREET STREET	CITY OR FOWN COU	NTY STATE
۵	O MEDICAL EXAMINER; THIS CERTIFICATE SHOW MEDICALE, WRITING THE WORD MEDICAL SHOULD BE FORWARDED TO THE CHIE OF UNITER, DIRECTOR; PAGE 3 SHOULD BE US THE DEATH WITH THE STATE DEPARTMENT OF MINORE, MARYLAND, 21201 PROPERTY			lverleaf Court, A.A	. Co., Md.
	AND, AND,		220. I certify that I taak charge of the remy ns described above, held an Autopsy X, Insp	ection . Inquiry . and in my api	man
	SE SE STATE		death resulted fram: Natural causes Acadent, Suicide, Hamicide {	Undetermined manner	
	EXA CERT CERT DUID MAR		ACTUAL TITLE (SPECIF		5 /20 /26
	EDICAL A SHO NERAL WORE	1	M.D. ASSI.St	CAN'T MEDICAL EXAMINER SIGNED	7/10/86
	WED CUT	1	EXAMINER'S NAME Gregory R. Kauffman, M.D. ADDRESS	111 Penn St.	
	DAY OF A	73a.B	RIAL, CREMATION, REMOVAL 23b, DATE 23c, NAME OF CEMETERY OR CREMATORY	123d LOCATION	
07/84	BR22/	1	Surial Italy 14.1986 Forest Hills	Goston	mA
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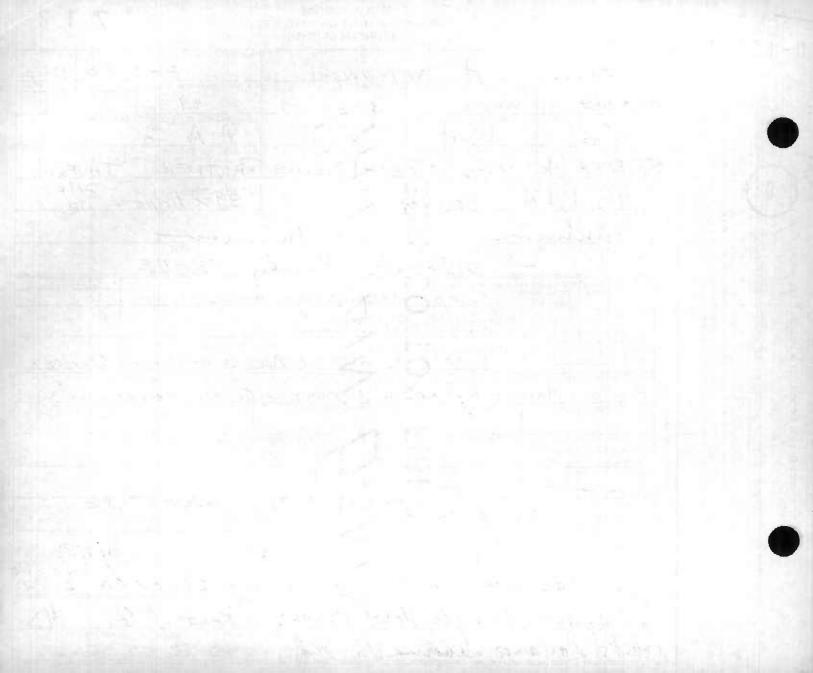
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поу бе	poge 3 sr deoth			SS E.	WALD S. DATE OF B	⊗ W IRTH	20. DATE OF DEATH 6. AGE (IN YEARS LAST BIR)	MONTH DAY YEAR 8-31-86 IHDAY) IF UNDER 1 YEAR	- 71M
0.00 e	urs offe	7 01	Female	White	MONTH 5	21 - 23	63	YRS. MONTHS DAYS	MOURS MIN.
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LAND 213	(3)	13a. S	L RESIDENCE (IF NURSING HOME OR OF TATE 13b. COUNT)	HER INSTITUTION, GIVE RESIDENCE	Side 13	E INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP COOP 12	0867
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LTIMORI be exec	ion ond ors. Poges		ES, NOOLUNKNOWN) (IF YES, GIVE W	var or dates) 578-2	4-8476	Robert L. W	aldow 62	16 Sewell Dr	Landing
ST., BA	g physicio son papers removal. : event, the		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED I IMMEDIATE	BY: CAP	DIO GENI	C SHOCK	<	BETWEE	DXIMATE INTERVAL N ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAN ING PHYSICIAN: The low requires that the death certificate be executed within 2	n signed by the ottendin Then please remove corb to burial, cremotion, or i njury, or other troumotic		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	(b) A CONS	UTE M	YOCARDIAL	INFARCTI	ON 1	DAY
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AL RECO	rcion. te hos beer rsit permit. rgiene prior shows ony	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATION V	VAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINE IN CERTIFYING CAUSI YES	
SION OF VIT.	ading physicio		216. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	1c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART ?	
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ON S	TOR: or us of He		220. I certify that (1) (this hospital saw the deceased alive an above (1) (we) (did) (did not)	Y / 71/ //.	V1 V1	hat in (my) (our) opinion	to death accurred on the de	ote and hour and from the	, tha (1) (we) lost he couses stated
A O IA	by the hospi NERAL DIRECT be detoched for e State Dept. at TANT: If them 2		226 SIGNATURE	t Edu, M.	9. 1	GREE ATTENDING PHYSICIAN	MEDICAL STAI	FF _ a	TE SIGNED
O HOSPIT	TO FUNERAL should be detined by the Should be detined by the Store		220. PHYSICIAN'S NAME (TYPE OR P ROBERT SCOT		2	ANNAPO	GIDDINGS	NE. 1	/
-	BP		Surial Surial	23b. DATE 9-2-86	Ft. Linco	77 - 01-17	Brentwo	od P.G.	Md.
DH/	MH - 16 60M 7/84 (VRA 15, 4)	24. FI	Hardesty Funero	al Home ADDA	Annapolis	Md. 250. DAT	EP 4 1986	256, REGISTRAR'S SIGN	Mondair.

10-15434	1 -	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE O	2 1 / 1 1
001010		CEASED NAME FIRST	WIDDLE	LAST		MONTH DAY YEAR 26. HOUR
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moy be poge er deol	3. SE		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	
ctor, soft		Male	Black	9 8 24	61	YRS.
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within d	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	
of the off		Severn	Kimbrough Arn	y Hospital	RET. SERVIC	
212		AL RESIDENCE (IF NURSING HOME) TATE 136 CC	NE OR OTHER INSTITUTION GIVE RESIDENCE BEFO	ORE ADMISSION) WN 134, INSIDE CITY LIMITS?	13e STREET ADDRESS	211411
8 1 105		7 1 1	nne Arundel Seve	rn YES 🔀 NO 🗆	8227 Coa	ts Bridge Court
E THE STATE OF THE	14. FA	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	AME	· LAST
WAI S E O O		George Washir		Ilean		James
ORE, xecut xecut dicol		VAS DECEASED EVER IN U.S.	GIVE WAR OR DATES)	CURITY NO. 17. INFORMANT	ADDRE	
IMO n on Pogal		YES NO OR UNKNOWN) (#KC	orean War 262-24	-0705 Marion E.		7 Coats Bridge Court
RECORDS, 201 W. PRESTON Low requires that the death or so been signed by the attendit nermit. Then please remove cor re prior to buriol, cremotion, or exemy injury, or other traumoh	CERTIFICATION	Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause last. PART 2. OTHER SIGNIFICAT	DUE TO, OR AS A CONSEO	a - Treated at Wal		DITION GIVEN IN PART 1(0) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
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IL OR ATTEN the hospital IL DIRECTOR, etached for up the Dept. of He it If hem 21 is		saw the deceased alive above, (1) (we) (did) (did 22b. SIGNATURE	d nat) view the body after death.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	
O HOSPITA etoined by TO FUNERA should be de with the Stat	-	Dr. Michae	1 Birrer	220 AFORESS Kimbro	ough Army Hos	spital, Fort Mead, Md
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	o	3. SE	X	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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	A Police	/a B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? 8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH
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	Riche hep		22b. SIGNATURE	04	DEGREE	AUEDICAL CTAFE	221. DATE SIGNED
	- +		Myac	1	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	0/9/86
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	DUMEL 14 4014 7 (2)	24. F	UNERS DIRECTOR		1) 25d DA	TE REC'D. BY REGISTRAR 256 REGIS	TRAR'S SIGNATURE
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
3 I J	. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DAT	Y YEAR 26 HOUR
コーム	(TYPE OR PRINT) MARGARE	T G. WER	RESUK	AUGUST 17, 198	9:45 A _M N
一个人	FEMALE	A.RACE CAUCASIAN	APRIL 8, 1920		UNDER I YEAR IF UNDER 24 HRS
A	PENNSYLVANIA	76 CITIZEN OF WHAT COUNTRY? U.S.A.	8 MARRIED X NEVER MARRIED WIDOWED DIVORCED	ANNE ANONDEL	
	O CITY OR TOWN OF DEATH	8 PORDOLUC TYPET	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (POUSEWMPSTOEWORKING LIFE)	126. KIND OF BUSINESS OR INDUSTRY
L	MARY LAND ANNE	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR	E ADMISSION) YES X NO YES X NO	13e STREET ADDRESS / ZIP CODE 8 FORD CIRCLE	21401
1	JAMES	MIDDLE GUTELATUS	S NETTIE		BERSLAST
1	60 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, C)	EIVE WAR OR DATES)		ADDRESS ERESUK SAME AS	13E
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEOU DUE TO, OR AS A CONSEOU DUE TO, OR AS A CONSEOU (c)		mpurchan	Menutes
	PART 2. OTHER SIGNIFICANT HODE HEUSTVE 190 ONTE OF OPERATION 210. ACCIDENT WAS UNDERLYING	a steriosclerch	DEATH BUT NOT RELATED TO THE TELL CANDINGS CULAN OPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
	OR CONTRIBUTION CAUSE OF O	EATH HOUR A.M. MONTH D		JRRED (ENTER NATURE OF INJURY IN ITEM 18 PAR	(T I OR PART 2)
	THE STATE NOTIFY MEDICAL EXAMINATION OF CONTRIBUTION OF CASE OF THE STATE OF THE ST	21e PLACE OF INVURY (AT HOME STREET, FACTORY, OFFICE,	FARM_ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	saw the deceased alive on the control of the contro	SUL (X	DEGREE ATTENDING PHYSICIAN	on death accurred on the date and hour of	that (II (we) last and from the causes stated 224 DATE SIGNED
-	27% PHYSICIAN'S NAME ITYPE Dr. Richa 230. BURIAL, CREMATION, REMOVA	NONPEELEN	220 ADDRESS 51 Fnar	NKIN AUE. ANN Y 123d LOCATION	Apolis, md

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this

MPORTANT: If hem 21 is morked or hem 18 shows ony

24 FUNERAL DIRECTOR EVANS 1212 WEST ST. ANNAPOLIS,

250. DAJE REC'D, BY REGISTRAR MSEP-5 1986

	1.	FOR			EPARTMEN	STATE OF A	ARYLAND AND MENTAL	HYGIEND	2 1	1 4	
1-16794	11.	STATE REGISTRAR		MED	ICAL EXA	MINER'S	ERTIFICATE	OF DEATH	REG. NO.		
S.S.S		CEASED NAME DE OR PRINT)	John		MIDDLE	W	ISOD	20. DAT OF DEA		8 28 1986	2b. HOUR
SARY, PLEASE L DIRECTOR. YOUR FILES. IN 72 HOURS	3. SEX	Da C	Au	DATE OF BIRTH		E (IN YEARS IF UN T BIRTHDAY) MONTH		MIN PRONC	ATE MOI		24 HOUR
S S S S S S S S S S S S S S S S S S S	FC	RTHPLACE (STATE OR PREIGN COUNTRY) laryland	1	U.S.A.		8 MARRI WIDOW	ED NEVER MA	RRIED 9 BALT	IMORE CITY OR CO	UNTY OF DEATH	MD.
BAVIS NOTHER	10 C	IEN BU	vive	11. NAME OF HOSE	th /	Fruve	101	FOR MOST OF	CUPATION (TYPE OF WINDOWN CARRIED)	OR INDUSTR	SINESS
BALTIMORE, MD. 21201 S AFTER DEATH, IF ANY DI GIVE PROBES 1, 2, AND 31 TITH FORM RIM 3, RETAIN PAGES 1, AND 2 SHOULD B (VISION OF WITH RECORD		AL RESIDENCE (IF IN NU TATE	RSING HOME OR		13 CITY OR TO	OWN QUE	13d. INSIDE CITY LIMITS			211/20d.	
MD	14. F	ATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MA	IDEN NAME	WIDDLE	LAST	
ORE STATE	160	William WAS DECEASED EVER	IN II S ARME	ED FORCES?	Wi.	Ison	Arn 17. INFORMANT	es	ADDRESS	Soper	
MES AFTER S GIVE PA WITH FOR D IV PAGES D IV PAGES	()		(IF YES, GIVE W		217-40		Thomas D	avis 20	Holly Rd.	21146	
L RECORDS, 201 W. PRESTON ST., ULD BE EXECUTED WITHIN 24 HOUR "PENDING" IN PENCIL IN ITEM 18 IF MEDICAL EXAMINER ALONG WED AS A BURIAL-TRANSIT PERMIT HEATH AND MENTAL HYGIENE, DI., CREMATION, OR REMOVAL.		Conditions, if a gove rise to couse (a) stoting lying couse lost.	IMMEDIATE ony, which immediate the <u>under</u> -	CAUSE (o) DUE TO, OR A (b) DUE TO, OR A	AS A CONSEQU AS A CONSEQU	A PENCE OF	S, C,	U.D	,		
VITAL RECORDS, SHOULD BE EXECTORD "PENDING" CHIEF MEDICAL E USED AS A BUF FOR HEALTH AND URALL CREMATIN	CERTIFICATION	PART 2 DTHER SIGNIFICAN				3	AS PERFORMED?	PART 1 (a).		20. AUTOPSY	
ION OF THE CATE OF THE WARTHEN BARTHEN BARTHEN BIOR TO BE CARTHEN BIOR	MEDICAL CERT	21d. EXTERNAL CAUSE UNDERLYING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION COURT	OR CAUSE OF DE	ATH P.M.	MONTH DAY	YEAR 19		RED (ENTER NATURE OF	FINJURY IN ITEM 18 PART 1	YES YES OR PART 2)	NO L
EAAAKE	MED		WHILE	21e PLACE O STREET, FACTO	F INJURY (AT F DRY, FARM, ETC.)		TREET	CITY OR	TOWN	COUNTY	STATE
DICAL EXAMIN FETHE CERTIFICATION BE VIEGAL DIRECT SHOULD BE VIEGAL WITH THE CORE, MARYLA		death resulted from ACTUAL SIGNATURE	Notural	of the remains desc couses	Accident .	Suicide M	Homicide TITLE (SPECIFY) Deputy ADDRESS 695 ATT	Undetermined MEDICAL EX	monner ,	ATE SALES 24025	186
TO ME PAGE 1 TO FUN	23a.B	URIAL, CREMATION, R				OF CEMETERY O		123d. LOCATION	Davidsonvile		
BP		Buria UNERAL DIRECTOR NAME	1	9/2/86 ADDRESS	Loud	lon Park 21229	Cemetery 25a. DAT	Baltim E REC'D. BY REGIST	ore RAR (25b. REGISTRA)	Mary SSIGNATURE	
(VR A15 ME (5)) 20M 4/B2	H	ubbard Fun	eral H	ome, Inc.	4107 V	lilkens 1	Ave. AUG	2.9 1986	Daniel of the Control	Sal-Market	

July 6. Letter 18 . E . T. Ele Zune North Hinsel Tall My At. Sweet 36 Helly Red. Cridine Arrest. A. S. C. V. D. 28/38/3

		١,	FOR		DEPARTM	ENT OF HEAL	LTH AND ME	NTAL HYG	IENE O	2 1	1	in the second
1647	9		REGISTRAR				ATE OF DE	ATH				
1011	0		OR PRINT)	MID	DLE	LAST		0		1 1	Y YEAR	26 HOUR
y be					EMERY	-		SR				1225 M
ge 4 mo	THE	SE	m	RACE C		MONTH	DAY	YEAR	6 AGE (IN YEARS LAST BIR	77 YRS	UNDER) YEAR	HOURS MIN.
	100%			b CITIZEN OF WI	HAT COUNTRY?	8. MARRIED E	NEVERMA	RRIED -	9 BALTIMORE CITY C	R COUNTY C	OF DEATH	
leoth in 7	50		amfridge Wisd			WIDOWED	DIVO	RCED .			l Co.	MD.
by the fu	53	10 C	TY OR TOWN OF DEATH Annapolis						(TYPE OF WORK FOR MOST O	F WORKING LIFE)	INDUSTRY	tation
filled in	35	13a. S	TATE 13b. COUN	TY IS		1 13d	ES N	OX	5850 De	zipcode ale C	207 hurch	ton Rd.
rtely 2 sir	/ July	14. FA		IIDDIE	LAST	15.	MOTHER'S M	AAIDEN NA/		-	1.45	7
p aldw	120	,	_	NODIC	Wood		Edit	h	L.		McC	ourt
	0 /				b. SOCIAL SECUR	ITY NO. 17	INFORMAN'	Г	ADDRI	SS		2-11-17-50-1
1 30	1				579-01-	-1468	Netti	le Wo	od same	as 13		A 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1	1		PART I. DEATH WAS CAUSED	BY:	e for to), (b), and		in	INI	FARCTION		BET WEEN	MATE INTERVAL ONSET AND DEATH
ding orbo	or re		MMEDIAII		S A CONSEQUEN	VISE OF //	2				12:34	
deoth	hon, oum		Conditions, if ony, which	(b)	1	36.00						
the the	other tre		gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR	S A CONSEQUE	NCEBEP					3	
p b	jury, or	Z	PART 2. OTHER SIGNIFICATIT C	ONDITIONS CON	TRIBUTING TO DE	EATH BUT NO	OT RELATED TO	O THE TERM	AINAL DISEASE OF CON	DITION GIVE	N IN PART 1	0
× rec	nor in	ATIC	190, DATE OF OPERATION	196 CONDITI	ON FOR WHICH C	PERATION V	WAS PERFORM	ΛÉD	70a AUTOPSY?	20b. IF YES,	WERE FINDIN	NGS USED
n. n.		IFIC							YES TO NOME			OF DEATH?
A: Th sicio ote l onsit	sha sha	ERI	21a. ACCIDENT WAS UNDERLYING			2	It HOW INJU	IRY OCCURE				
				in .	MONTH DAY							
HYS)(ding	or He	Sign	21d. INJURY OCCURRED	21e. PLACE OF		21			C.T. OD T.C.	nuit I	COUNTY	STATE
G PP Offer offer the		¥	WHILE NOT WHILE	(AT HOME, STREE	FACTORY, OFFICE, FAI	RM. ETC)	A CI		CITORIO		01	STATE
Or or Aft	mor mor					7 8/13	8/86	19		120 1	9 10	thos (I) (we) lost
TTEN pitol	of H 21 is		sow the deceased alive on obove (1) was did Value	V/	19_/1	ond t	that in my La	opinion i	death occurred on the d	ote and hour	ond from the	couses stoted
A AOS HOS	hem hem		276. SIGNATURE	1) . 1 .	DEC					Th. DATE	SIGNED
AL CAL CAL CAL CAL CALCAGE	TT: If		Tyukay)	1.001	ental	20	PH	YSICIAN	DIRECTOR PHYSIC		0/2	0/06-
HOSPIT bined by FUNER	PORTAN		MILLETAEL -	PRINT	NTA 1	mo F	703	Gilo	DINGS AVE	E, ANO	NAPOL	5 Nd2144
O per D de	3 ₹ -#-	23a 1	BURIAL, CREMATION, REMOVAL	236 DATE	23c N/	AME OF CEM	ETERY OR CR	EMATORY	23d LOCATION	/	COUNTY	STATE
BP			Burial	8/23/	86 St	Jame	es Epi	scon		an	A . A	Md.
DHMH - 14 A	DAA 7/84	24 F		o E That				25a. DAT	E REC'D. BY REGISTRAR	256 REGISTR	AR'S SIGNAT	URE
(VRA 15				nral Hon				1 AU	6271986	pula va	vacon-N	
	TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death cerrificals becaused within retained by the hospital or ottending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely should be detached for use as the buriol-transit permit. Then please remove corbon rapper. Then all (PhQ 2 signed)	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cerrifical increased within 24 hours after death, retained by the hospital or offending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending provincement completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove corbon maps of the control of the other prior to burial, cremation, or remonstrated by them 28 shows any injury, or other troumotic enturn mentacel expraising must be notified of any maps.	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate becaused within 24 hours after death. Page 4 may be retained by the hospital or orthording physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the otherding protrem and completely filled in by the funeral should be the buriol-tronsit permit. Then place corbon index containing the formation of the price o	To Enter the Property of the P	The state registrar is the registrar in the state of the	To BIRTHPLACE (STATE OR FORE ON TO COUNTRY) Camfridge Wisc. U.S. A. To BIRTHPLACE (STATE OR FORE ON TO COUNTRY) Camfridge Wisc. U.S. A. To BIRTHPLACE (STATE OR FORE ON TO COUNTRY) Camfridge Wisc. U.S. A. To BIRTHPLACE (STATE OR FORE ON TO COUNTRY) Camfridge Wisc. U.S. A. To BIRTHPLACE (STATE OR FORE ON TO COUNTRY) Camfridge Wisc. U.S. A. To BIRTHPLACE (STATE OR FORE ON TO COUNTRY) Camfridge Wisc. U.S. A. To BIRTHPLACE (STATE OR FORE ON TO COUNTRY) Camfridge Wisc. U.S. A. To BIRTHPLACE (STATE OR FORE ON TO COUNTRY) Camfridge Wisc. U.S. A. To BIRTHPLACE (STATE OR FORE ON TO COUNTRY) Camfridge Wisc. U.S. A. To BIRTHPLACE (STATE OR FORE ON TO COUNTRY) Camfridge Wisc. U.S. A. To BIRTHPLACE (STATE OR FORE ON TO COUNTRY) Camfridge Wisc. U.S. A. To BIRTHPLACE (STATE OR FORE ON TO COUNTRY) Camfridge Wisc. U.S. A. To BIRTHPLACE (STATE OR FORE ON TO COUNTRY) Camfridge Wisc. U.S. A. To BIRTHPLACE (STATE OR FORE ON TO COUNTRY) Camfridge Wisc. U.S. A. To BIRTHPLACE (STATE OR FORE ON TO COUNTRY) Camfridge Wisc. U.S. A. To BIRTHPLACE (STATE OR FORE ON TO COUNTRY) Camfridge Wisc. U.S. A. To COUNTRY) Camfridge Wisc. U.S. A. To COUNTRY) Camfridge Wisc. U.S. A. To COUNTRY) IS COUNTY IS COUNTY IS COUNTY IS COUNTY IS COUNTY IS CAUSE OF DEATH (Intere only one couse per line for 10), (b), ond part of the underlying couse lost. To Country on the underlying couse lost. To COUNTRY) To COUNTRY POR STATE REGISTRAR I DECEASED NAME INST A RACE MODULE A R	DEPARTMENT OF HEALTH AND ME CERTIFICATE OF DE. 1. FOR REGISTRAR STATE REGISTRAR DECEASED NAME 1881	DEPARTMENT OF HEALTH AND MENTAL HYGINE REGISTRAN REGISTR	DEPARTMENT OF HEALTH AND MENTAL HYGENE 1. STATE RECORD NAME 1. DECEASED NAME 1. D	DEPARTMENT OF HEALTH AND MISTIAL PYGINE RECOND. 1. STATE RECORDER 1		

